

CHICAGO Medical Examiner,

EDITED BY

N. S. DAVIS, M.D.

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1870.

CHICAGO MEDICAL COLLEGE.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the fourth Tuesday in March following. Clinical Lectures *daily* throughout the term.

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FEES.

For the Winter Term, admitting to all the Lectures in the College,	\$30.00
Graduation Fee,	20.00
Matriculation Fee,	5.00
Dissecting Ticket,	5.00
Hot and Cold Water,	5.00

The Summer Reading and Clinical Term commences on the first Monday in April and continues until the first Monday in July; and is free to all matriculated Students of the College. Boarding, \$3.50 to \$4.50 per week. For further information, address

E. ANDREWS, M.D., Sec'y of the Faculty.

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THE
CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. XI.

SEPTEMBER, 1870.

NO. 9.

Original Contributions.

ARTICLE XXIII.

CANCER OF THE LIVER.
WITH CLINICAL LECTURE BY PROF. N. S. DAVIS.

By C. W. EARLE, M.D.

James Stableton, white, Irish nativity, blacksmith, aged about 31.

HISTORY.—This man gave a family history from which we were unable to determine that he was liable to any hereditary complaint. He has always enjoyed the best of health until within the last fourteen months, having been from his youth an active laborer. Some six months previous to his admission to the Hospital, he received a blow on his head, which caused him some pain at the time, and from the effects of which he is inclined to attribute all his present symptoms.

He complains of great pain in the region of the stomach. He describes it as *burning*. The pain in his left side is paroxysmal, and frequently extends up toward the shoulder and around on the left side, toward the spine. He also has a very severe headache, sweats very profusely, poor appetite. He was also troubled with vomiting. Immediately upon admission, he was subjected to a close examination, but neither percussion, auscultation, or palpation gave any clue to his dis-

ease. The patient was placed on palliative treatment, and all his symptoms closely observed. To be sure, the continued pain in his stomach, still radiating, combined with a fetid breath and a decided cachectic appearance, which I should have mentioned before, pointed strongly to malignant disease of that organ. Yet, there was the absence of some symptoms that we always expect in cancer of the stomach, and so the diagnosis was withheld. About this time, some three weeks after his admission to Hospital, a change in the location of his pain, and an examination as to its cause revealed the precise condition of our patient.

The pain in the vicinity of the stomach was almost entirely relieved, and his suffering was now referred to his right side. By flexing his legs and relaxing the abdominal muscles, an enlarged and hardened liver could easily be detected.

DIAGNOSIS.—Cancer of the liver.

The clinical lecture delivered by Prof. N. S. Davis at the patient's bedside, gave more practical instruction in the case than can be found elsewhere, and I therefore feel at liberty to transcribe from my note-book his remarks:

“GENTLEMEN:—The general history of the case now before you has been given by the house physician, and I need not repeat. The symptoms at first were so referable to his stomach, that I regard it important that you should be made familiar with diseases of this organ, characterized by pain, tenderness, etc., and the differential diagnosis between them.

“In Chronic Gastritis, you would generally find that food increased the pain. There would be occasional vomiting and constipation, emaciation not very marked, and no cachectic appearance. We have, too, a curable disease, and, of course, would not expect to find any tumor.

“In Gastric Ulcer, we have a localized pain—paroxysmal, but not lancinating, generally, hemorrhage from the stomach, debility, etc., etc. The prognosis is not as favorable as in Chronic Gastritis, as it may go on to perforation, yet many cases get well in time, yielding to proper treatment.

“In Cancer of the Stomach, we have a radiating pain, severe

and lancinating. Vomiting is a very frequent symptom, and is described by the authors as always being present. The bowels are constipated, and we notice a constant wasting of flesh, with cachexiæ. A tumor may generally be detected by close examination, and I think some swelling or change in the outline of the organ may be observed. This patient you will notice, had certainly some of the symptoms of cancer of the stomach. There was the severe and lancinating pain with the cachectic appearance, the debility and emaciation. But the pain from which he is now suffering is in the vicinity of the liver, and by placing the patient on his back and flexing his limbs, you can distinctly feel the organ enlarged. You will notice that this enlarged and hardened mass emerges from under, and extends to a point two inches below the ribs, to the left it reaches to the ensiform appendix, to the right to the notch that separates the right and left lobes. You will most always be able to detect by percussion, the boundary of the liver in its position under the ribs—one-half inch above the point of the ensiform appendix, directly across toward the right, marking the superior normal border of the organ. This enlargement is in the same position that we would find an enlarged pylorus, but the widest part is above, which would not be true with an enlarged pylorus. The fact that it is not only broadest above but continues upward under the ribs and to the right, occupying the right hypochondriac space, shows that it actually includes the liver. We may also have an encephaloid growth of a kidney, which must be diagnosed from the diseased condition now before us. Always trace its *commencement*, and you will find little trouble as a general thing, in distinguishing the organ effected.

“In Disease of the Kidney, if the organ was enlarged, the free margin would point toward the mesial line, and the analysis of the urine would be of great assistance. An ovarian tumor sometimes fills the whole abdominal cavity; but it rises from the lower part of the abdomen, which, with other symptoms familiar to you, would enable you to make out a diagnosis. Any of the mesenteric glands may take on an enlargement, but by observing carefully the directions which I have given to

trace them to their origin, and note all other symptoms, you will experience but little difficulty in arriving at the correct condition.

"Now, as to the nature of the tumor before us. There is no stoppage of ducts, as we have no jaundice. This peculiar color of the skin which you have all noticed is not that of a jaundiced condition. It is rather from a want of red corpuscles in the blood, and not from the want of proper excretion of bile matter. This cannot be a distended gall bladder, as the tumor is too large; and if such was the case, we could trace its shape. This is certainly an enlarged liver. What is its character? Is it simple inflammation, fatty degeneration, or cancer? If from the first, either acute or chronic, he would have noticed more or less febrile excitement, with nausea and vomiting, derangement of the bowels, etc., etc. If this enlarged organ was from fatty degeneration, the patient would never have experienced the acute, lancinating pain which he has been obliged to suffer. With this affection there would have been a more progressive loss of strength, with less emaciation, and less active disturbance of the system. It would have been usual in a short time to have noticed some dropsical condition in fatty degeneration, while in cancer it is generally wanting. Its persistence, the hardness, the general cachexia, all indicate cancer. The prognosis is extremely unfavorable. No curative treatment has as yet been discovered; yet we may do much to alleviate the sufferings of our patient, if not wholly retard the progress of the disease. An exudation or induration from inflammatory action can usually be controlled by remedies, but a new growth, with enough vitality to produce cell formation, is seldom controlled by remedial agents.

"TREATMENT.—Pay particular attention to the diet. Milk and farinacious articles are the best. Meat should be used only sparingly. For an internal remedy, I have realized the most benefit from some of the arsenical preparations with conium. The following is a good formula:

"R Arsenite Soda,-----grs. iv.
Ext. Conium,-----5jss.

"Make a mass, and divide into sixty pills.

"Sig. Take one three or four times a day.

"Anodynes sufficient to relieve pain should be given, selecting those that do not constipate, if possible. Among the best are Fluid Ext. Hops, and Lettuce. By such treatment, you can do much to palliate the sufferings of the patient, and delay somewhat the fatal result.

"The patient which was the subject of the foregoing clinic, continued to fail until May 17th, when he died, apparently from copious hemorrhage from the bowels. His entire sickness was about eight months duration.

"AUTOPSY.—Twenty-four hours after death, considerable emaciation was noticed—integument a peculiar yellow color—pupils normal—rigor mortis well marked.

"SECTIO-CADAVERIS.—1. Head not opened. 2. Lungs and Heart normal. 3. Stomach inflated with gas, which, being collapsed, revealed a large abscess, probably originating in the glands near the cardiac extremity of the stomach. A great amount of pus and disintegrated matter was in the cavity, but no hardened edges, or any indication of its being of malignant origin. Liver very much enlarged. Weight $7\frac{3}{4}$ pounds. The left lobe extended to just across the mesial line, and was hardened and mottled. The right lobe was *very much* enlarged, filling the whole hypochondriac space, and crowding the diaphragm upward. Two large, rounded nodules, retracted in the center, occupied a great part of this lobe. Cutting through this, it had every appearance of being cancerous. The remaining viscera appeared perfectly healthy, excepting some of the mesenteric glands. At least, in one locality we found, upon opening a gland, what appeared to be the peculiar canceroid substance.

"REMARKS.—This case is very interesting, as we were able to prove our diagnosis, and also learn the cause of our perplexities and errors before we made the diagnosis. It is highly probable that the disease of the liver existed before his admission to the Hospital, but had not caused sufficient enlargement to be readily detected. The abscess connected with the stomach also ex-

isted, but it was more inflammatory, and caused all the symptoms of gastritis."

NOTE.—The reader will remember that in the August number of the *Examiner*, an Editorial statement was made in regard to this case. A specimen of the cancerous tissue was examined under the microscope, but none of the cells supposed to be characteristic of cancer were found.

This brings us to the much discussed question as to the value of the microscope in the diagnosis of cancer, which, in simply recording the case, is not our province to discuss.

ARTICLE XXIV.

A CASE OF OVARIOTOMY.

By M. A. CHASE, M.D., Siruoza, Wisconsin.

On July 4th, 1869, Miss M., aged 35, of sanguine, nervous temperament, consulted me in regard to a dropsical distension of her abdomen, and gave me the following history of her case:—

One year previous, while attending school, she noticed her abdomen was enlarging—did not know there was anything wrong with herself previous to this time; the distension commenced equally on both sides—no tumor or hardness in either side—was regular in menstruation.

She kept slowly filling up until the day I first saw her; Miss M. was looking pale and anemic, and had disease of the mitral valve.

I put her upon the use of digitalis, combined with a tonic, and an occasional hydroguge cathartic. Three weeks later, I visited her, and found the abdomen greatly distended, interfering with respiration, and patient unable to lie down. I introduced a trocar at the usual point, and drew off 15 quarts of pale, straw-colored fluid, of low specific gravity. A careful and thorough examination of the abdomen externally, did not reveal the presence of any tumor, and, previous to tapping, the pa-

tient, lying upon the back, gave the usual symptoms of ascites, fluctuation of the abdomen, and bulging at the sides. Continued my first prescription.

Eight weeks later, I visited the patient again, and found the abdomen distended as before; introduced the trocar, and drew off 14 quarts of dirty, greyish fluid, highly albuminous.

A careful examination of the abdomen at this time, showed the existence of a small tumor high up on the left side, under the cartilages of the ribs. Six weeks later, tapped again; fluid same color and amount as before. Tumor increased in size to nearly four times its size on discovery, and reaching down to the umbilicus, crescentic in shape, convexity looking to the left side, and concavity to median line of the body; the tumor had a peculiar hard feel. Drs. Tinker and Gatt saw the case with me, at this time. The tumor making its appearance in the position it did, and growing down into the abdomen was rather against its being ovarian. The patient, an old maid, would not permit a vaginal examination. The consultation threw but little light on the important subject of "what's the matter?" From this time to June 1st, 1870, the patient was tapped six times. At the last tapping, upon getting permission, I made an examination per vagina, and found the uterus drawn up so far I could not reach it. The solid part of the tumor had changed its shape, was nearly round, and fluctuated slightly. Came to the conclusion that the tumor was ovarian, told the patient so, and, as her health was failing, and she rapidly filled each time after tapping, I advised an operation. Her consent and that of friends having been obtained, the 11th day of July was set for the operation—the patient placed immediately upon the use of *tr. ferri. gtt x. 3* times a day. On the 10th inst., I proceeded to the residence of my patient; found her in pretty good condition, and feeling hopeful. Ordered a mild purgative.

On the morning of the 11th, assisted by Drs. Tinker and Gatt, I proceeded to operate, the patient's bowels having been freely moved the night before. The urine was drawn off; I introduced the trocar and drew off 20 lbs. of highly albuminous

fluid of a dirty greyish color. The tumor extended from under the ribs, down below the umbilicus. Gave Morph. sul. gr. *ss*, in half ounce brandy. The patient was placed upon the table, and the anaesthesia commenced with a mixture of one part chloroform and two parts ether. After spending some time with this, and the patient not coming fully under the influence of it, one drachm of pure chloroform was used, producing full anaesthesia. Temperature of room, 77° F. Everything being in readiness, I made an incision on the median line, midway between the umbilicus and pubis, including the wound of the trocar, down to the peritoneum, making a small opening through this membrane, I introduced a probe pointed bistoury, and enlarged the opening each way to the extent of about an inch and one-half; introducing my finger I found extensive adhesions. I enlarged the opening upward about four inches, making an opening seven inches in length. Introducing my hand, I proceeded, as gently as possible, to break up the adhesions by tearing the fibrous bands from the surface of the tumor. Some were very firm, others not so firm. Brought forward a cyst the size of a quart bowl; introduced the trocar and evacuated the contents.

Passing my hand up on the left lateral and anterior surface of the tumor, I found the adhesions very firm, the walls of the tumor and peritoneum adhering firmly together over a large surface. I broke up the adhesions at this point by slowly working my fingers between the peritoneum and tumor. Considerable force had to be used. Passing my hand under the tumor it came in contact with fibrous bands connecting the intestines and tumor; these were torn from the surface of the tumor. The tumor being free, was lifted from its bed in the intestines; the intestines were covered with soft cloths wet in warm water. The pedicle was thin, about $3\frac{1}{2}$ inches broad, and supplied with large bloodvessels.

It was tied with a ligature made of saddler's silk doubled—a needle armed with a double ligature of this was passed through the centre of the pedicle, close to the tumor, and tied both ways with three knots. The pedicle was then separated

from the tumor with the scissors, the ligatures were cut short, and the stump returned to the abdomen. Some blood among the intestines was removed by a very soft cloth, wet in warm water, and laid on the intestines to absorb the blood.

The wound was closed by four silver sutures, carried *through* the peritoneum, and long strips of adhesive plaster placed between the sutures. Two narrow compresses, wet in warm water, were placed one on each side of the incision, and a broad flannel roller passed around the body. Patient placed on her bed with shoulders and feet elevated.

Operation ended at 12.20. Tumor multilocular, weighing 35lbs. Pulse 90; gave morph. sul. gr. 1. 12.35 P.M. Patient complains of great pain in abdomen; gave 20 gtt. tr. opii. 1 P.M. Extremities cool; ordered warm dry flannels; pain continues— $\frac{1}{2}$ gr. morph. sul. 3 P.M. $\frac{1}{2}$ gr. morph. sul. Pulse 100. 4 P.M. Patient inclined to dose.

6 P.M. Pulse 108; $\frac{1}{4}$ gr. morph. sul. Examined wound and found but little oozing. Patient allowed small pieces of ice in the mouth and iced milk. 8 P.M. $\frac{1}{4}$ gr. morph. sul.; patient comfortable.

July 12th—6 A.M. Passed catheter; patient slept some. Had $\frac{1}{4}$ gr. morph. sul. every four hours. Pulse 100—good; examined wound—found but little oozing. 9 A.M. Pulse 93, soft; $\frac{1}{4}$ gr. morph. sul. 10 A.M. Patient vomited a little curdled milk; oozing of bloody serum from lower angle of wound. 1 P.M. Vomited a little; pulse 90, good. 6 P.M. Pulse 100; tongue dry in the centre, and skin dry; cheeks slightly flushed. Ordered $\frac{1}{2}$ gtt. fl. ex. aconite rt. every hour. 7 P.M. Wound looking well; slight tympanitis of abdomen—not tender—free from pain—catheter. Respiration 20; pulse 112. 10 P.M. Pulse 98, soft; tongue not as dry; aconite to be given every two hours; allowed ice *ad libitum*. 12 M. Pulse 100, easy.

July 13th—6 A.M. Slept some. Pulse 100, soft. Tongue moist—catheter. 12 M. Some tenderness in abdomen; $\frac{1}{4}$ gr. morph. sul. 8 P.M. Pulse 108, soft; catheter. July 14th. Slept nearly all night; pulse 100; wound looking well; catheter. Slight distension of abdomen from gas, for 48 hours past,

leaving. The respiration has been good at all times. 6 P.M. Pulse 96; wound looking well; bowels feel like moving off; gave injection of strong soapsuds, and brought away a large quantity of feces. July 15th—6 A.M. Some pain in back; $\frac{1}{2}$ gr. morph. sul. Allowed mutton broth. July 18th. Pulse 70; removed sutures; some suppuration around sutures; wound healed by first intention.

21st. Patient doing well.

27th. Patient up about the house.

August 12th. Patient at work about the house, feeling as well as ever, and gaining flesh rapidly.

ARTICLE XXV.

REPORT ON PRACTICAL MEDICINE.

By JAMES S. WHITMIRE, M.D., of Metamora, Ill., one of the Committee.

MR. PRESIDENT AND GENTLEMEN OF THE ILLINOIS STATE
MEDICAL SOCIETY:

Not having been apprized by your Chairman of this Committee, of any specified plan that he wished to have carried out in this report, I have been compelled, in this, to draw from my own resources, and those of the physicians living in Mason, Tazewell, Woodford, Marshall, and Livingston Counties. I, therefore, as one of your Committee beg leave to submit the following report:—

The Counties above named, all, with the exception of Livingston, border upon the Illinois River, its eastern shore being their western boundary; hence, in the variety and character of their soil, they are not surpassed by any equal number of Counties in the State.

The topography of these Counties is the most varied and beautiful; they being interspersed with natural groves, with, here and there, the most enchanting streams and rivulets, that wend their way to the placid waters of the quiet Illinois. The prairies are gently undulating, and are now subdued by the

magic hand of civilization, till they do, in fact, blossom as the rose and yield their rich fruits in harvest to the frugal husbandman.

Besides the Illinois River on the west, these counties have, traversing their full extent, the Sangamon, Mackinack, and Vermillion Rivers, and the lesser streams of Salt Creek, Sugar and Crow Creek, to say nothing of an immense number of still smaller streams, that are known only in their separate localities. More than two-thirds of this vast extent of country is prairie, which is well settled and under thorough cultivation. Its altitude above the city of Cairo, at the confluence of the Ohio and Mississippi Rivers, is about 600 feet. The water mostly used by the inhabitants, for culinary and other purposes, is limestone, or "hard water," as it is usually called. The lands of these counties are generally arable and produce the finest crops of the different cereals.

There is but a small quantity of bog, or marshy lands, in these counties, and they are situated along the Illinois River, most of which are subject to the annual overflow of that stream, rendering them useless for any purpose, except that of stock range, the latter part of the season.

During the year 1869, there was more rain fell in this section than probably ever fell before, in the same time; and had the season been hot, as well as wet, we might naturally have expected a great amount of sickness; but as it was, there has never passed as healthy a season, since I have lived in the district, which is now 24 years past. During this rainy season, which lasted till near the last of July, there was only the ordinary sickness of the spring months, such as rheumatism, bronchitis, croup, etc., with an occasional attack of intermittent fever; and these easily yielded to the usual remedies, there being nothing particular or striking in either their character or type.

During the months of August and September, however, the mercury ranged from 82° to 96° Fahrenheit, at noon; so that the whole surface of the earth which, till now, seemed a common cesspool, suddenly dried up, so that there was no chance,

in most localities, for the production of malarial poison; hence, during this time, we had but little more than the usual amount of malarial fevers. Many of the cases, however, that did occur, were of the typho-malarial type, and, consequently, yielded less readily to treatment, than the simple remittent fevers of former years.

The winter of 1869-70 substantially set in about the 1st of November, and bid fair, at the start, to be an unusually severe one. It proved, however, to be a long one, but the mildest for many years; the frost being out of the ground by March 20th, 1870; mercury never having dropped, during the whole time, below 6°, below 0. During this time, we had an unusual quantity of acute and typhoid pneumonia, acute and sub-acute bronchitis, croup, rheumatism, etc., none of which exhibited any special peculiarities; unless, perhaps, there was exhibited a greater amount of malarial influence connected with them, than has been common of late years, in our ordinary winter fevers, and the grade of vitality of our patients was possibly lower than usual. These conditions, however, being met by their appropriate remedies, we found the diseases of last winter, notwithstanding their prevalence, equally as amenable to remedies, as on other occasions, and the mortality was no greater than at other times, or seasons. Our treatment of these cases of lowered vitality, as well as those presenting malarial influences, has not differed from that usually pursued by the profession; hence, in a supplemental report like this, we think it would add nothing to the interest of the Society, to give it in detail.

INFECTIONS AND EPIDEMICS.

The village and vicinity in which I reside—Metamora, the county seat of Woodford county—has had no visitations of this character of diseases for several years. During the past winter, however, the eastern portion of this county, and LaSalle, Livingston, Tazewell, and Marshall counties have all been pretty thoroughly scourged with scarlatina; it appearing in those counties, in certain neighborhoods, as an epidemic, and presenting itself in its most malignant form. This was the case more particularly in the eastern portion of Woodford, southern

LaSalle, and northern Livingston. The facts, in regard to this scourge, I have learned through the favors of Drs. Wilcox and Stoner, of Minonk, and Drs. Lewis and Cole, of El Paso, all of whom have been extensively engaged in the treatment of the malady. They inform me that, so far as they can see, this epidemic has not differed, in any particular, from others that has formerly appeared, nor has it been either more or less fatal than in its previous visitations. Their treatment has been of a sustaining character, such as iron, quinine, chlorate of potassa, etc., internally, with mild laxatives, when necessary, of castor oil, rhubarb, etc.; and, in case the bowels are too lax, which, in this epidemic has been frequently the case, they have derived great advantage from the terebinthinate emulsion, in connection with creosote and laudanum. Their patients were sponged every day with warm alkaline water, and kept in a clean, airy room, with plenty of beef-tea or milk as food. Under this regimen and treatment, their patients generally recovered. I will simply remark, in this place, that I have used a gargle or throat-wash, in this and similar affections, that, in my opinion, is a great improvement over anything that I have seen recommended for this purpose. It is made as follows:—

Ry. Alcohol, -----	℥ss.
Elix. of Vitriol, -----	℥ij.
Sulp. Alum, -----	℥j.
Creosote, -----	gtt., xl.
Ol. Cinnam., -----	gtt., xxx.
Syrup Simp., -----	℥iijss.

The patient, if strong, or old enough, may gargle with this mixture, or the fauces and pharynx may be swabbed by an assistant; and though this will be found to be pretty sharp at first, yet the comfort that immediately follows its use, makes the patient not only reconciled, but ask to have it used.

Aside from the prevalence of this epidemic, in the above counties, there has been no prevalence of any other than their ordinary winter fevers; and they have shown much the same characteristics as the diseases in our vicinity.

During the latter part of March, we have had in our practice

two well-marked cases of cerebro-spinal meningitis, both children, one 12, a boy, the other a girl 14 years of age. The nature, course, and character of this dreadful disease are now so well understood by the profession, that it would be useless, in this place, to occupy the time of this Society with their details. But I would beg the indulgence of the Society, while I give, in as succinct a manner as possible, the principle of my treatment of these two cases. The treatment of this disease usually resorted to by the profession has, in my hands, and in those too of my compeers, proven so unsatisfactory, that I deemed it no disrespect to authority, to step out of the usual precincts of ordinary government, in such cases, and explore new fields for the benefit of myself, of science, and, more particularly, for the benefit of my patients. I, therefore, determined, with a full conviction of success constantly before me, to try what virtue there was in the use of hydrate of chloral, in quieting the restlessness that attends this disease. I wished also to produce sleep, allay pain along the spine, and relieve the apparent stricture around the chest, to moderate the frequency of the heart's action, and to relieve the permanent opisthotonos, that is one of the ever present characteristics of this disease. Certainly, this is one of the most formidable diseases with which the profession has to deal, and, with the most approved treatment, there is still a large per cent. of mortality to be recorded; hence, I felt perfectly justified in using any remedy, however lately it may have been brought to the notice of the profession, if, in my judgment, its acknowledged therapeutic action seemed to point towards the fulfilment of the indications to be met in this disease. Here, before me, was one of the most dangerous diseases that flesh is heir to. In my judgment, I saw in the hydrate of chloral one of our most formidable remedies, just suited to fill all the indications of treatment, necessary to give nature a chance to rally and overcome the diseased condition. And I am now pleased to be able to state to the profession, that from the favorable action of this remedy in these two cases, I consider this drug, in the treatment of this disease, a great acquisition to our stock of heroic remedies.

After thorough mercurial purgation, assisted by saline cathartics, I gave to these children from 10 to 15 grains of chloral, and one drachm of the officinal syrup of ipecacuanha, dissolved in 2 ounces of water, every three, four, or five hours, as the exigencies of the cases seemed to require. I enveloped the patients in a warm, wet sheet for an hour, once or twice per day, and laid around my patients, at the time, hot boiled ears of corn. When they were not in the pack, I kept warm, emolient poultices constantly applied to the spine. The bowels were kept in a soluble condition, when necessary, by the use of Sal. Rochelle, which, by the way, I will here remark, is seldom necessary, on account of the hyd. of chloral having a tendency itself to relax the bowels.

In the course of from three (3) to five (5) days, the most urgent symptoms began to subside, the pulse became regular, soft, and natural, the contraction of the dorsal muscles became relaxed, the skin became soft and natural, the urine, which had been scanty, was augmented in quantity, and the appetite began to return, so that in the course of seven or eight days from the commencement of the treatment, convalescence was fully established, and my patients, as I am fully satisfied, snatched from impending death. After the most urgent symptoms were allayed, say about the sixth day, I gave my patients one grain of quinine, three times per day, with a little Dover's powder; and at the usual bedtime, I ordered a dose of chloral, in order to insure tranquility and sleep, without which there can be no recuperation. This gentlemen, it is true, is a history of but two cases of cerebro-spinal meningitis, treated with this new and powerful remedy. The success was complete. I give them for what they are worth, and hope thereby to induce the profession to give this drug, in the treatment of this disease, a fair and impartial trial; and if, upon investigation by the light of experience, we have lessened the per cent. of mortality, in this disease, we will have disarmed it of more than half its terrors, and imbued the profession with a confidence hitherto unknown in the treatment of this terrible malady.

Just now, my attention has been called, while writing this

article, to a case of chorea, in a girl of 14 years of age, whom my brother, Z. H. Whitmire, has been treating for some two weeks. She is a delicately organized creature, and naturally very easily excited.

She has been taking chalybeates, nervines, laxatives, etc., without the least benefit whatever, and the young lady is manifestly growing worse from day to day, so that the family are in constant terror lest she may go into convulsions at any moment. I recommended hyd. chloral, gr. x, in aqua, ʒij, at bedtime, each night; the first dose of which produced the first tranquil sleep the poor sufferer has had for more than a week. She is continued on Griffith's myrrh mixture, with assafoetida and quinine, during the daytime, and takes the chloral at night, which has constantly, as in the first instance, produced quiet sleep. She is becoming much more calm during the day, and is, at this writing, apparently improving. Certainly, in this case, whether the child is permanently benefited or not, this drug has acted like magic in quieting the unruly muscles, and in allaying the alarm of the friends.

May 22. This patient is completely restored to health at this date.

ARTICLE XXVI.

REPORT ON SURGERY.

By MOSES GUNN, M.D.

[Read before the Illinois State Medical Society, May, 1870.]

The Chairman of the Committee on Surgery commences his report by entering a plea of "guilty," to a charge which may properly be made of a long neglect of duty. A multiplicity of engagements conspired to prevent his corresponding with his compeers in the committee, until a period too late for such correspondence. Intentional discourtesy in this respect is disclaimed; and the failure on their part to forward to the Chairman any observations which they had made, leaves the construction of the report, at a late day, entirely to him. In

submitting his report, he will not attempt an exhaustive review of the surgical field for the past year, but will rather call attention to certain subjects which have arrested his attention, from their novelty or intrinsic merit.

EXCISION OF HIP-JOINT.

This operation continues to recommend itself to attention and confidence as one, which in certain cases, will afford perfect relief from an exhausting suppuration, and in conjunction with appropriate constitutional medication, diet, and regimen, will often restore the patient to even robust health.

The following points seem to be well established:

I. The immediate risk of the operation is not great; death, when it occurs, being rarely expedited by the operation.

II. The prospects of cure are greatly influenced by age, the operation being much more successful in childhood than after maturity.

III. When the operation is resorted to, it should be freely executed and all points of disease, either in the femur or acetabulum completely removed.

IV. A free drain upon the wound should be maintained until healing from the bottom occurs; for healing without suppuration is unattainable, even by the use of carbolic acid, and the presence of purulent accumulations greatly endangers a good result.

V. Only moderate extension during the healing process should be attempted, but that moderate extension is imperative.

These conclusions your reporter arrives at from both reported cases and his own experience.

NEPHROTOMY AND RENAL LITHOTOMY.

In April, 1869, Mr. Thomas Smith read a paper before the Royal Medical and Chirurgical Society, on the subject of Nephrotomy as a means of treating renal calculus. In this paper it is stated that Hippocrates mentioned and recommended the operation of Nephrotomy in certain cases attended by external swelling. But one case only of the operation, however, had ever occurred; that was a successful case on the person of the British Consul, at Venice, by an Italian surgeon, in the

seventeenth century. Since the presentation of Mr. Smith's paper, Mr. Simon, of Heidelberg, has successfully extirpated the kidney of a female patient, for an incurable urinary fistula, originating in a wound of the ureter made during an ovariectomy. In February of the present year, Mr. Durham, at Guy's Hospital, London, cut down upon the kidney for the purpose of removing a renal calculus. Unfortunately no stone was found. But, notwithstanding, his patient was greatly relieved by the operation. Your reporter has, also, during the current spring, in contemplation of an operation which he subsequently made on the sixteenth of April, repeatedly cut down upon the kidney in the cadaver. In the absence of definite directions upon the subject, these sections were made in order to arrive at a safe and expeditious method of operating. The following seems to be the only safe method which the anatomy of the region will permit: An incision is carried from the eleventh rib just over the outer border of the erector spinæ muscle, to the crest of the ilium, and down upon the surface of the outer layer of the lumbar fascia; this structure is now divided upon a grooved director, and the muscle is drawn inward and backward, by an assistant, with an angular spatula. The middle layer of the lumbar fascia is next divided in a similar manner to that pursued in division of the superficial layer; this incision will call for the ligation of two or three small arteries. The quadratus lumborum muscle is now drawn inwards and backwards with the erector spinæ, and the anterior or deep layer of the fascia is uncovered, an incision through which brings us to the posterior surface of the lower two-thirds of the kidney, obscured only by loose areolar tissue which contains variable amounts of fat, according to condition of the patient. Careful dissection of this tissue will now expose the hilus of the kidney and the expanded commencement of the ureter. Tactile examination will enable the operator to ascertain the size and firmness of the kidney, and also the condition of the pelvis of that organ, and the commencement of the ureter, which latter can be easily opened in case a renal calculus is found. Should the Surgeon, however, desire to push his operation further, he can carefully

and readily pass his index-finger around the kidney, separating it from the peritoneum; the upper extremity of the organ can now be dislocated from its position in front of the lower two ribs to a corresponding position behind them, and thus the whole organ is readily enucleated. This process of enucleation is now carried inwards along the renal vessels as far as may be necessary to enable the operator to pass a stout ligature around them, after which they are divided as close to the hilus as possible.

On the sixteenth day of April last, as before stated, I made an exploratory operation upon a patient of Prof. Allen's, who for five months had suffered from symptoms which indicated the probable presence of a renal calculus. The operation was conducted upon the plan described above, and was performed in the presence and by the aid of Prof. Allen, Drs. Chesbrough, Parks, and Smith, the latter gentleman being an uncle of the patient. But little blood was lost, and posterior surface of the kidney was readily reached, which position enabled us to make tactile examination of the pelvis and commencement of the ureter. But, like Mr. Durham, at Guy's, we were disappointed in our expectations of finding a calculus. The organ seemed shrunken and soft, but was not interfered with, as the patient had enjoined upon us, that in no event should the kidney be extirpated. A pledget of lint was laid on the bottom of the wound and with three ligatures was brought out at its lower angle, the upper half being closed with three sutures. The operation was borne well, though the patient was greatly reduced from his long and severe suffering. Like Mr. Durham's patient, ours, too, was greatly benefited by incision; the nausea which had been nearly continuous and extreme, was completely relieved, and the pain which had been severe wholly disappeared.*

COLLES' FRACTURE AND LUXATION OF ULNA.

One of the most important and interesting investigations in practical surgery reported during the past year is furnished

*The improvement was of six weeks' duration, after which time the old symptoms gradually re-appeared.

by Prof. E. M. Moore, of Rochester, N. Y., in the *Medical Record*. In the estimation of your reporter, this paper should be thoroughly studied by every practitioner who undertakes the treatment of fractures and dislocations. Entertaining this view, we shall briefly consider the principles involved. It is known to every surgeon of experience that the fracture of the radius, just above the wrist joint, known as Colles' fracture, is, very frequently, one exceedingly difficult to manage, and often followed by very imperfect form and function of the wrist-joint. A fatal accident, a constituent of which was Colles' fracture upon both arms, enabled Prof. Moore to examine the parts by a careful dissection, a description of which, in Prof. Moore's own words, is here incorporated in this report:

"In May, 1869, Mary Tumey, aged 45, in a paroxysm of insanity, threw herself from the third story window of St. Mary's Hospital, striking the ground with both hands; receiving also a blow on the spine, opposite the second and third dorsal vertebrae. The spinal cord was crushed, and both wrists broken, producing Colles' fracture. She breathed but twenty minutes.

"The condition was uncomplicated with any effusion, except a trifling amount of blood, or with any modification from muscular action.

"The examination of the right arm was commenced by removal of the skin from over the wrist, leaving the fascia of the forearm undisturbed. Rotation of the hand did not produce crepitus.

"The projection of the wrist backward was that of an extreme case of this fracture, and the ulna was carried well downwards and outwards from the axis of the forearm. On raising the fascia, the lower fragment was seen to ride the back of the upper one, or the main shaft of the radius, and to be placed at right angles to its natural position, while the hand was in a state of extreme flexion in relation to it. There was not the slightest impaction. The absence of crepitus was explained by the fact that the rough surfaces were not in contact. The fracture was transverse and the surface of the lower fragment,

which was about half an inch in length, came in contact with the periosteal surface of the back of the upper fragment or main shaft. The entanglement permitted rotation, but not crepitus. The next step in the manipulation was to press the displaced fragment into its place. I was surprised to find a resistance which seemed like muscular action. This being manifestly impossible, the cause was again sought for by a repetition of the movement, when the same result was produced, giving an elastic rebound.

"The solution was found in the peculiar position of the ulna, its luxation and ligamentous entanglement.

"It will be remembered that the ulna does not articulate with the wrist-joint, but that its head, although covered with cartilage, and provided with a synovial membrane, and of course a complete joint surface, articulates with the triangular fibro-cartilage. The anatomists emphasize this arrangement so decidedly, that we are apt to forget the important fact of the articulation by the triangular fibro cartilage on its distal surface with the wrist-joint. Thus the ulna has a mediate articulation with the wrist-joint, a fact of great practical significance. It will also be remembered that the fascia of the forearm is very much strengthened at its lower end, and that the extensor muscles run in grooves constructed from it, and that its transverse fibres, under the name of the posterior annular ligament, run across to the pisiform bone, some of them passing over the head of the ulna. The internal lateral ligament passes from the end and inner surface of the styloid process to the cuneiform bone. The triangular fibro cartilage also subserves the purposes of a ligament, making an insertion in the pit at the base of the styloid process, but with a stronger attachment to the radius. The ulnar extensor runs in a sheath of the fascia, and as can be seen and felt upon the living arm, takes a course between the styloid process and head. But while it is really on the back of the forearm, it is so far upon its side that the tendon plays upon the side of the head and furnishes a lateral support. The tendon is just above the internal lateral ligament. The cause of rebound now became manifest; for the

styloid process was so far projected as to catch the fibres of the annular ligament, and the ulna being prevented from rising forced the wrist back. Various attempts at reduction were made at this stage of the examination. The ordinary plan of bending the hand toward the ulnar border of the forearm resulted in tightening the annular band on the styloid hook, and no pressure on the anterior surface of the ulna could cause its liberation, but on the contrary, insured its retention. Simple extension also failed to relieve the entanglement and restore the luxation, but a movement described below was entirely successful, and when the parts were all replaced, the tendency to displacement was inappreciable. An incision through the annular ligament revealed the nature of the separation. The internal lateral ligament was torn away from its attachment to the styloid, by separating the scale of compact bony tissue composing its end and inner surface (the ligament proving stronger than the bone), thus leaving the styloid as a rough and ragged hook to hold the annular ligament. The attachment of the triangular fibro-cartilage to the styloid was also torn off, but the rent was through the cartilage, leaving a few tags at the pit. The complete severance of all ligamentous restraint permitted the ulna to bulge outward and downward; and as the hand is carried backward and upward, the styloid hook is moved forward and held at the pisiform bone by the annular ligament. The ulnar extensor was carried toward the radial side of the ulna. When the ulna became free from the annular ligament, its head was moved toward the radius, and through the fibro-cartilage, rested against the wrist-joint, thus holding the hand out at full length, keeping the fractured ends of the radius in apposition, and furnishing the best of all splints—an entire parallel bone, in place. Thinking it possible that the condition found might be peculiar, I proceeded at once to a similar examination of the left wrist. The fracture was oblique in two directions. Commencing within a-quarter of an inch of the wrist-joint on the palmar surface, the line ran back to three-fourths of an inch, inclining to the ulna. The position of the ulna was the same as on the right side; the rupture of the in-

ternal lateral ligament took place in the same way, carrying rather more of the bone tissue than on the right side. The triangular fibro-cartilage was torn out with similar tags and the annular ligament was folded into a similar cord, causing a rebound when the lower fragment of the radius was carried down into its place. The only point in which the two differed was in the line of fracture, which seemed not to bear the least upon the question of reduction or retention.

"The fibres of the pronator quadratus were a little torn in both cases, but I could not perceive that there was any influence exerted by it or any other muscle or tendon in preventing reduction. As before stated, the autopsy exhibits a case of what may be termed an extreme condition of this form of injury.

"It is altogether probable that fracture of the radius may occur with which there is no complication of ulnar luxation. In these cases, there would be but little deformity, and crepitus would undoubtedly be a matter of easy determination.

"A good result with almost any treatment would also be probable. But a force competent to fracture the radius, if not expended, would generally be able to rupture the ligaments, in consequence of the immense leverage that the hand acquires with the head of the ulna resting mediately on the carpus. When the internal lateral ligament and triangular fibro-cartilage yield, the annular ligament becomes slipped over the head and on the styloid hook. In order to determine the succession of movement in the ligamentous rupture, I subjected the arm of the cadaver to a force gradually applied, after having made a fracture of the radius just above the wrist-joint. This was effected by strapping the arm firmly down and attaching a lever to the hand, then bending the latter well back with a slow but irresistible force. The hand began at once to describe a circular sweep upward, backward, and toward the ulna; in short, such a movement as would necessarily occur with the short fragment, held by the radio-ulnar ligament. The bulging of the ulna outward and downward preceded the rupture of the internal lateral ligament. But the fascia of the forearm lying

on the ulnar head became stretched, and fibres of the annular ligament slipped over it. As the force was continued, a double snap, loud and sharp, was produced by the breaking of the internal lateral ligament and the triangular fibro-cartilage—apparently in the order stated. The end and internal surface of the styloid was broken off. The annular ligament at the same moment was caught on the styloid, presenting precisely the appearance shown by the autopsy.

“If there should be an arrest of movement before ligamentous rupture, the difficulty is one of simple fracture uncomplicated with luxation of the ulna. The annular ligament, though drawn a little over the ulnar head, would not be likely to interfere with reduction. But when the internal lateral ligament and triangular fibro-cartilage give way, the displacement of the ulna assumes a definite shape, and in this resembles the other regular luxations which are determined by constant forces.

“The autopsy and subsequent experiment render it evident that we have, in the injury usually known as Colles’ fracture, not a mere break of the bone, but a luxation, to deal with.

“The displaced ulna is always noted, and surgeons have had various suspicions of ruptured ligaments. But it has not been regarded in the light of a luxation with a regular position, which must be rectified before replacement of the fracture should be made, and without which imperfect results are to be expected. This, I am convinced, is the key of the difficulty. Reduction of the luxation must first be made, and then the fracture is probably of all others the most insignificant. But no theory can be of much importance without the support of cases, and it has been my good fortune to have the results of my treatment subjected to tests sufficiently numerous to place the matter at rest as a practical plan. The mode of procedure is as follows:—

“The patient may be etherized or not. An assistant holding the forearm of the patient, the surgeon grasps his hand, the right with the right, and *vice versa*. With the other hand placed under the forearm above the fracture, he is enabled to bring the thumb over the back of the ulna, the fingers wrapping

around the radius. Traction is first made by extension, then drawing the hand laterally to the radial side, then backward, next keeping it held backward, and while making extension, it is swung toward the ulnar side, bending well laterally, when the extension of the hand is changed for flexion, thus describing nearly a semicircle in circumduction. The position of the hand grasping the forearm undergoes constant change, as it is the antagonist of the other hand in every thing but the extension. As the backward position of the hand, when it is carried to the extreme ulnar side, is changed to flexion of the hand, the thumb of the surgeon rolls around the border of the ulna, and is below when the manœuvre is complete. The test of reduction is to be found by the presence of the head of the ulna on the radial side of the ulnar extensor."

Thus it is seen that the important feature of a Colles' fracture may be, and undoubtedly often is, a complicating dislocation, which, when reduced, renders the management of the case thereafter very simple. Your reporter desires to call attention to the method of reduction adopted by Prof. Moore. It will be noticed that the position which he makes the hand first assume, is contrary to that which is usually practiced by surgeons, and temporarily greatly increases the deformity. But it conforms to a general principle laid down by your reporter some years since, *viz.*: to place the dislocated member as nearly as possible in the identical position which characterized at the moment of escape from the joint.

In this connection I desire to relate a case what at first would seem a very simple affair, but which involves a principle almost identical with that which characterizes the complicating dislocation of a Colles' fracture.

During the past winter, a well-developed laboring man presented himself with a dislocation of the terminal phalanx of the right thumb. The displacement was backwards and outwards. I was informed that the luxation had occurred five or six hours previously, and that several medical men had unsuccessfully essayed its reduction, among whom I recognized at least one expert surgeon. I also made the attempt after the usual man-

ner of reducing phalangeal dislocations, and though extreme effort was used, I, too, was unsuccessful in my first attempt. I now sought to discover the impediment to reduction. A little reflection recalled the fact that the tendon of the long flexor is inserted into the anterior surface of the very base of the phalanx, and that from its position in the dislocation, it (the tendon) must be hooked around the side of the head of the first phalanx; while, from the proximity of that portion of the tendon which was in contact with the side of the head to the point of insertion in the luxated bone, all ordinary efforts at reduction only more forcibly hooked the tendon in its abnormal position. I determined to act upon this view of the case, and, so confident did I feel in the correctness of my position, I determined to take him before the Medical Class for the trial. Seizing the first phalanx with my left hand, with my right I carried the luxated bone still further outwards then forwards, and lastly inwards, all by one sweeping, semi-circular motion, by which means reduction was almost instantly accomplished.

This little case also conforms to the general rule laid down above; and, also, illustrates the advantages of intelligent manipulation over mere force, in the management of luxations.

ARTICLE XXVII.

USE OF CHLOROFORM IN OPHTHALMIC SURGERY.

By H. W. BOYD, Professor of Anatomy, Chicago Medical College.

The discoveries of Chloroform and Ether are considered among the greatest achievements of modern science, and their administration as anæsthetics for the alleviation of pain in surgical operations has become a world-wide practice. There are many cases which, in all probability, would never be cured, were it not for the fact that the patient could be made insensible to pain during the performance of a surgical operation necessary for the cure of the disease. It has become the practice of many surgeons to administer anæsthetics indiscriminately to all

classes of cases, whether the operation is attended with much pain or little. This, I think, is wrong; for there is a class of operations in which the use of anæsthetics should be refrained from, save in exceptional cases, where the patient is irritable, restless, without self-control, and refuses to be operated on unless he has chloroform or ether. The indiscriminate use of anæsthetics has, no doubt, been a prolific source of mischief; doubtless many cases of death from chloroform might have been avoided had a little discriminating care been exercised in considering the character and constitution of the patient previous to its administration. Persons have died from chloroform where the operation was so trivial that no anæsthetic was really required, such as extracting a tooth. But the class of cases to which I would allude as not requiring anæsthetics are those included under the head of Ophthalmic Surgery. There are but few operations connected with the eye in which they should ever be used. There is a popular and correct feeling that the eye is an exceedingly delicate organ, and yet the eye is not so highly sensitive as to give rise to much pain in many of the operations performed on it. Take, for example, the operation for extraction of cataract; the pain attending it is not severe,—in fact, it is only trivial; and yet it is the custom of most surgeons to administer an anæsthetic for this operation. After some observation on this point, I am satisfied that the percentage of success is greater in the hands of those who operate without, than it is with those who always use them. Nearly every operator of extended practice can point to cases of failure in his own experience, which he lays to the use of chloroform or ether. In this operation, aside from the risk of death from the chloroform, it is of material advantage for the surgeon to have the co-operation of the patient, as this will facilitate the exit of the cataract, and at the same time we have none of the risks from the dangerous excitement or restlessness and vomiting caused by the anæsthetic; and we also avoid the nervous prostration which is liable to derange the appetite and affect the functions of nutrition and digestion, which may have very material effect on the healing process, especially in persons

somewhat advanced in life, to which class a large majority of cataract patients belong.

The operation for iridectomy is attended with but little pain, and may be better performed without than with anæsthetics. The same remark applies to staphyloma or entropion. In the operation for strabismus, not much can be accomplished with any degree of certainty, unless the patient co-operates with the surgeon, which he is not capable of doing if he is under the influence of an anæsthetic. In this operation, I believe, much mischief has been accomplished by operating while the patient is under the influence of an anæsthetic. Under such circumstances it is impossible for the surgeon to tell when he has divided a sufficient amount of tissue, and he is liable to divide too much, and cause the visual axes to diverge; or, being a careful, prudent, operator, he may fail to divide quite enough and allow a certain amount of convergence or divergence (according as the case is one of convergent or divergent strabismus) to remain; and, in such an event, he must either administer more of the anæsthetic and operate again, or he must postpone until some future time and perform another operation.

And aside from all this unpleasantness, the fuss and struggle sometimes experienced in getting the patient under the influence of the anæsthetic, and the vomiting and disagreeable sickness resulting from it, really causes the patient more suffering than the pain attendant upon the operation. A little resolution and fortitude on the part of the patient will be of infinitely greater service to both patient and surgeon than any amount of anæsthetics. This is true of nearly all operations on the eye, except, perhaps, enucleation of the eye-ball, or some plastic operation on the lids. I do not wish to be understood as undervaluing anæsthetics, for no one can have a more exalted appreciation of their value than myself. In amputations, resections, large tumors, or small but deeply-seated tumors, plastic operations, and operations where extensive dissecting is required, and, in fact, nearly all the operations of general surgery, it would seem now impossible to get along without anæsthetics. But in operations where the pain is so slight that

the patient does not suffer materially, and where it is of great advantage to have the co-operation of the patient, then the administration of anæsthetics should be dispensed with, save when the patient has no resolution or self-control, and will not submit to the operation without it.

ARTICLE XXVIII.

OHIO STATE MEDICAL SOCIETY.

VACCINAL SYPHILIS.

PART OF A REPORT ON VACCINATION.

By WM. B. DAVIS, M.D., of Cincinnati, Ohio.

Over seventy years have elapsed since the introduction of vaccination by Jenner. The majority of the population of the civilized world have been vaccinated. If the vaccine lymph will convey constitutional diseases, other than vaccinia, its wide-spread use, during these seventy years, will show a large increase of constitutional affections.

A careful examination of the record for this period does not show that there has been such an increase. On the contrary, statistics, according to Farr, Greenhow, and others, prove that scrofula and other constitutional diseases have diminished, and that the average duration of life has been extended, since the introduction of vaccination.

The *British and Foreign Medico-Chirurgical Review*, for Jan. 1869, makes the following statement, page 126: "It can not be disputed that the average tenure of life has been lengthened by vaccination, and that a most horrible and disgusting disease (which, where it did not kill, often rendered its victim blind or deaf, and generally hideous for the remainder of life) has been well-nigh exterminated.

Niemeyer of the University of Tübingen, in his recent work *Practical Medicine* says on page 553, Vol. II: "All objections to vaccination, even if well founded, would to have to give way

to the facts proved by statistics, that in the last century one-tenth of the population died of small-pox (about 400,000 people dying of the disease every year in Europe), another one-tenth were disfigured by the disease; and that since the introduction of vaccination, the general mortality is less, and that of small-pox is reduced to a minimum."

There are certain cutaneous eruptions which follow the operation of vaccination, just as they may follow teething, or any other slight constitutional disturbance. Mr. Padget pointed out this fact twelve years since, when he wrote that "multitudes of children are naturally predisposed to the commoner eruptions, and that vaccination is only one of the trifling constitutional irritations, which might have precipitated the first appearance of such eruptive diseases." And more recently Niemeyer, in his *Practical Medicine*, says: "We know that blisters and other irritants to the skin, not only induce inflammation at the point of application, but also increase the predisposition to other cutaneous affections. Many children who have never previously suffered from any exanthema, are affected for months with moist eczema of the face, after having their ears pierced, as well as after vaccination.

Vaccine lymph, when long exposed to air and moisture, will undergo the same putrefactive changes that any other animal matter does when similarly exposed; and if inserted in the arm of a subject, will produce the same effects that any other putrid matter will produce. When erysipelas or pyæmia follow the use of decomposed lymph, the vaccine is not at fault, but the vaccinator, who has been criminally careless, or criminally ignorant.

The advocates of transmission, however, do not press these minor points, and seem, indeed, to have abandoned their claim for the transmission of all constitutional diseases but that of Syphilis. Upon this one disease they rally their full strength. I shall, therefore, now invite your attention to the consideration of the possibility of engrafting syphilis by means of Jennerian vaccination.

It is a fact worthy of notice, that a large majority of all the reported cases of vaccinal syphilis, have occurred in France and

Italy. In England, where vaccination is more systematically pursued, and where the official inspection, to which it is subjected, would render the escape of any abnormal development impossible; there are but a very few cases reported.

Whether or not, syphilis, independent of vaccination, is more prevalent in France and Italy than other countries, is a consideration of some moment in its bearing on this question. An affirmative answer might suggest a satisfactory solution of vaccinal-syphilis, so far as these two countries are concerned, without implicating the vaccine lymph.

According to Padget, the transmission of syphilis by means of vaccination, is opposed by pathological considerations. Such pathologists as Rokitansky, Skoda, and Hebra maintain that the insertion of a matter containing the virus of two different contagious affections, is followed by the production of but one disease. That is, if the matter used be a mixture of syphilitic and vaccine virus, either distinct syphilis or distinct vaccinia is the result; not both of them.

It is opposed by direct experiment. Lymph intentionally taken from vaccine vesicles on syphilitic subjects, produced only vaccination.

M. Delzenne recently reported in the Imperial Academy of Medicine, Paris, that in 1865, he had inoculated himself twice with vaccine from syphilitic subjects, and the result was negative. In September, 1866, he vaccinated a syphilitic patient, 21 years old, "who had numerous ulcerated, hypertrophied papules in vulva and perineum, a general papular eruption (syph) over body and mucous patches in the mouth and throat. On the eighth day he vaccinated himself in four places with the virus from this patient, and the result was negative. He also, at the same time, vaccinated seven females (free from syphilis) with the same lymph. The effect so far as syphilis was concerned was entirely negative—four responded perfectly to the vaccine.

M. Bourguet reported twenty cases, whom he had vaccinated with lymph from the arms of two syphilitic subjects, and the result was negative for syphilis. M. Guerin reported fifty-five experiments, combining all the characteristics of scientific ex-

periment, which responded negatively to the artificial production of vaccinal syphilis.

These confirm the experiments previously made by Cullerier, Taupin, Heim, and others.

If, however, the matter from a chancre be accidentally or intentionally inserted in the arm of a patient, it will produce syphilis, but the lymph from a vaccine vesicle on the arm of a syphilitic subject, will only produce vaccinia, just as the lymph from a vaccine vesicle on a patient who is broken out with the small-pox (the vaccination having been performed too late for protection), will only produce vaccination, while the pustules by its side will produce small-pox.

It is opposed by the experience of the greatest vaccinators and syphilographers. West, with an experience of 26,000 vaccinations; Marson, with 40,000; Sir W. Jenner, with 13,000; Seaton, with 50,000; Tomkins, with 50,000; Perkins, with 40,000; Loines, with 200,000; Clendenin, with 16,000, and many others who might be named, have never met with a case of vaccinal syphilis.

The following question was addressed by Mr. Simon, in 1856, to the most distinguished medical gentlemen of Germany, France, and Great Britain: "Have you any reason to believe or suspect that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous, or other constitutional infection to the vaccinated person?" Nearly six hundred replies were received, and they were almost unanimously in the negative. Among whom were Padget, West, Marson, Tomkins, Acton, Lee, Parker, Chomel, Bright, Watson, and Brodie.

A large proportion of the reported cases of vaccinal syphilis rests upon insufficient or defective evidence, and the remainder may be reasonably accounted for, without compromising the vaccine, on the grounds (1) of the influence of prevailing diseases; (2) a cachetic diathesis, and (3) latent constitutional syphilis.

Vaccinal-syphilis had but few advocates, either in or out of the profession, until the so-called epidemics of "Rivalta," in 1861, and subsequently of "Auray" (provinces of Italy and

France) made their appearance. These epidemics aroused the attention of the profession, and led to a thorough investigation of the causes which produced them.

Concerning the "Rivalta" cases, Ricord says: "For our part, an attentive perusal of the documents of the case, has led us to the same conclusion as Dr. Abertetti, who exonerates from all blame the vaccination in question." With reference to the Auray epidemic, Dr. Anstie, in the *Practitioner*, of November, 1869, says: "Upon the whole evidence we say, decidedly, that it is not proved that the epidemic of Auray was an epidemic of syphilis at all, far less that it was an epidemic of vaccine syphilis."

Dr. Seaton calls attention in his *Handbook* to the fact, that long before vaccination was heard of, Astruc recorded epidemics of syphilis, which were full as disastrous and as unaccountable as that of Rivalta.

In the recent discussion in the French Academy, M. Depaul, Director of Vaccination, reported a large number of cases of vaccinal syphilis, as having occurred in the arondissements of Lorient and Vannes.

M. Fouquet stated that there were other vaccinations in those districts with accidents analogous to those reported by M. Depaul, viz.: highly-inflamed pustules, large deep ulcerations, abundant eruptions, etc., but that these accidents had not an impure origin, and presented nothing suspicious, although the characters noted by him had the greatest analogy with those reported syphilitic by M. Depaul. M. Guerin asserted that the explanation of those cases of M. Depaul, was to be found in a general erysipelatos diathesis prevailing in those departments. He called attention to the fact that any local irritation would develop a latent constitutional taint, and said that *vaccination would not be a port of entry for syphilis, but a means of exit*. In support of the assertion that prevailing diseases modify vaccinations and produce suspicious sores, he referred to the work of M. Lalagade, Director of Vaccinations of Tarn. On May 25th, he vaccinated 95 children with lymph from a healthy child. On June 6th, a number of them were found in a sad

condition, "the skin was of a deep red, with erysipelatous aspect, vaccinal pustules, very large and grayish white, black crusts all over the body, except the soles of the feet, and on the genital organs; one was covered with red patches similar to measles, another had, the day after the vaccination, large bullæ filled with serum." There was, also, an epidemic of pemphigus, complicating the inoculations. On inquiry into the public health in the neighborhood, he found erysipelas, diphtheritic anginae, malignant pustule, wounds with sanious bases, and numerous cases of pemphigus. On April 10, 1869, he adds: "I am happy to say that to-day none of the children who were vaccinated May 25th, 1868, bear even a doubtful trace of syphilitic disease, and that none of them had undergone specific treatment.

M. Guerin concludes, on this point, by observing:

1. That vaccinal syphilis, up to this time, fails in the majority of points which would support a belief in such an origin.
2. That experiments instituted to determine the possible inoculation of vaccinal syphilis, are quite contrary to the doctrine of syphilitic vaccination.
3. That among a large number of alleged facts of vaccinal syphilis, most, if not all, belong evidently to another order of pathological influences.

And further along in the discussion, he asserts that the causes which are likely to vitiate vaccine and give it the false appearance of syphilis, are of a nature to exercise their influence equally upon human and animal vaccine. These causes, foreign to the vaccinifer, are either exterior to the subject vaccinated, or inherent in his constitutional state—both more or less susceptible of being determined, prevented, or combated.

I recently addressed a letter to Dr. J. K. Barnes, Surgeon General U. S. Army, asking him if there was any evidence on file in his office which reported the existence of any vaccinal syphilis among the 2,000,000 of soldiers who took part in the late American war. In reply, he very kindly wrote: "That quite a number of papers are on file in this office bearing on the subject of foul ulcers following vaccination, and supposed

by some to be due to the contamination of the matter employed with syphilitic virus. I have made a preliminary examination of these papers, and have arrived at the conclusion that their general tenor is directly opposed to this supposition."

Prof. J. Jones, of New Orleans, has published a paper on "Spurious Vaccination," based on materials furnished by the Confederate Army. His conclusions agree with those of the Surgeon General, in exonerating the vaccine from blame, and referring the foul ulcers which attended vaccination in the army, to the fatigue, exposure, uncleanness, insufficient and improper diet, etc., incident to a soldier's life, which resulted in a cachectic diathesis.

Wm. Clendenin, M.D., Medical Director of Hospitals, U. S. A., at Nashville, during the late war, and at the present time Health Officer of Cincinnati, has furnished me a report of his views on vaccination. His experience and opportunities for personal inspection of the ulcers, and so-called cases of vaccinal syphilis, which followed vaccination in the U. S. Army, were so great, that his views concerning them will be of value. His conclusions fully accord with those above expressed.

In reply to my inquiry, Dr. Seaton, in his letter of April 9th, writes: "I am not aware of any fresh cases of alleged introduction of syphilis by vaccination with humanized lymph, since I published my book, but curiously enough there has been discussion lately in France on some cases of syphilis in children, who had been vaccinated with animal lymph. Of course, the syphilis was a latent syphilis, and the vaccination could have nothing to do with it, except, perhaps, to hasten its evolution; but the cases are instructive, and point, in my opinion, to the explanation of all the alleged cases of vaccino-syphilitic inoculation with humanized lymph, except those in which there was downright carelessness and mixture or substitution of viruses."

This opinion of Dr. Seaton is supported by M. Guérin's terse assertion in the Academy, that "Vaccination is not a port of entry for syphilis, but a means of exit;" and by the *Medico-Chirurgical Review*, January, 1869, which says, "it is not the vaccination, but the parentage which is at fault."

I will close this section of my report by quoting the declaration of Dr. Anstie, in the *Practitioner*, of November, 1869: "*Vaccinal syphilis is a bugbear and a phantom.*"

ARTICLE XXIX.

TRAUMATIC, IRIDEREMIA, AND APHAKIA.

By C. HIXSON, M.D., formerly Prof. of Ophthalmology in the Kansas City College of Physicians and Surgeons.

The infrequency of cases like the following is a sufficient apology for its publication. Mr. B., of Kansas, is a sawyer by occupation, and sometime in January last, was struck by a small chip hurled with great velocity from the saw, which entered the centre of the right eye, making an incision of more than three-fourths of the diameter of the cornea. Being remote from any professional assistance, his wife did the surgery in the case. Cold applications were made at intervals for several days, when what he describes as strings of pus was found in the wound, and which his wife pulled away with considerable pain on the part of the patient. The eye gradually improved, and to-day I find the following interesting condition of affairs: There is, extending in a vertical line, embracing about three-fourths of the diameter of the cornea, a firm, opaque cicatrix. There is not a vestige of the iris to be seen in the injured eye. The iris of the left eye is a very light grey, and contrasted with the deep, dark, blackness of the injured eye, is remarkable. The only thing seen by lateral illumination or by the Ophthalmoscope is a few opaque filaments of the capsule. There is complete aphakia. Without a glass, the patient has only quantitative perception of light—everything is blurred and indistinct. With a cataract glass and through a stenopaic hole, he can read No. 4 Sneller at 18 inches. He is very much annoyed by the inability to focus the rays of light equally in the two eyes, and I hope by a stenopaic catacact glass to be able to do away with this difficulty to a considerable extent, if not entirely.

Proceedings of Societies.

CHICAGO MEDICAL SOCIETY.

August 1st, 1870.—Dr. Fred. Hotz exhibited a specimen of urinary calculus, of very unusual size, removed by him in May last. The stone was oval in shape, perfectly smooth, 4 inches long by $2\frac{1}{2}$ in breadth, about 2 inches in thickness, and weighed $12\frac{1}{2}$ ounces. A section through the center showed the calculus to be composed of several distinct layers of an almost pure white material, mostly the phosphates. A small cavity in the center was nearly filled by an oval tuberculated nucleus, about an inch in diameter.

The patient, from whom the calculus was removed, was sixty years of age, and in rather feeble health. Symptoms indicating the existence of calculi had existed for many years.

When first called to see the case in April last, the Doctor found him suffering from acute pain in the bladder, difficulty in passing water, etc. It was found impossible to pass a catheter or sound. At the earnest solicitation of the patient an operation was undertaken, although but little encouragement of a favorable result could be given.

The ordinary lateral operation was begun, but on cutting into the bladder, it was found impossible to withdraw the calculus through the opening. An attempt was then made to crush the stone, but with all the force that could be applied, even to the flattening of the teeth of the forceps, they were unable to fracture it. The operation was then converted into the bilateral, and, after considerable manipulation and some injury to the tissue, the calculus was finally extracted.

The patient died two days after the operation. The autopsy revealed considerable thickening of the walls of the bladder and constriction of its passage from the chronic inflammation. Both ureters and the pelves of the kidneys were considerably dilated. There was also a considerable abscess in one kidney.

Dr. Miller exhibited a portion of the skull of a woman, sup-

posed to be a German emigrant, who was found lying on the track of the Northwestern Railway, a short distance from the city limits, having been run over by a train. From certain cuts on the head, it was suspected that she had been murdered and the body thrown across the rails to be mangled by the passing trains, in order to hide the crime. The *post mortem* examination revealed several clean deep cuts in the base of the skull, passing through into the brain, narrower at their base than at their entrance, and appearing as if made with a hatchet or some similar instrument. It was impossible that such injuries could have been made by the cars. The jury in the case returned a verdict of death at the hands of some person or persons unknown. The body was never identified, nor any clue to the murderer(s) obtained. In answer to a query raised, the Doctor stated that it was impossible that the cuts could have been made after death, as in that case the edges of the wounds would not have been everted.

Dr. M. also presented a specimen of aortic aneurism, near the heart, showing the thickened pericardium and the rent in the aneurismal sac, which was the cause of death.

Dr. R. G. Bogue exhibited a specimen of fluid taken from an hepatic cyst. It was of a dark red color, and contained considerable sediment. The fluid had not been examined chemically or microscopically.

Dr. T. D. Fitch related a case of cancer of the omentum and other abdominal organs, in a middle-aged woman. A tumor began in the left iliac region, which rapidly increased until it had reached nearly across the abdomen, and had caused an enormous distention of this cavity. The pressure of the tumor caused much disturbance of the functions of the body, especially pain in the stomach, difficulty in digestion, frequent vomiting, etc. It was regarded as not improbable that it might be an ovarian tumor, but it was finally diagnosed as malignant, although there could not be traced any cancerous disease in the family. The patient died five months from the beginning of the disease. At the *post mortem* examination, half a gallon of thick, red fluid escaped from the peritoneal cavity. The omen-

tum, the liver, and nearly all the abdominal organs, were infiltrated with cancerous matter. The omentum was nearly destroyed—"eaten away." The uterus was antiflexed at an acute angle, a fact which accounts for the impossibility of passing a sound into that organ during life. Nearly the whole of the peritonæum was thickly studded with little tumors, which, although never examined with the microscope, were undoubtedly of a malignant nature. The cancerous matter was nowhere circumscribed, but consisted of a diffuse involvement of all the abdominal organs.

WABASH VALLEY ÆSCULAPIAN SOCIETY.

MATTOON, ILL., *May 25, 1870.*

Æsculapian Society of the Wabash Valley met pursuant to adjournment; Dr. M. W. Wilcox, President.

The following members were present: Drs. Albin, Dening, Chambers, Johnson, Miller, Massie, St. Clair, Ringland, Swafford, Mosley, Steele, Pearman, Todd, Washburn, Willien, Henry. The minutes of the last meeting, at Paris, Ill., were read and approved.

Dr. Willien's report on surgery was first in order.

This was a paper occupying nearly an hour in its reading, consisting of a statement of cases, their treatment, together with many practical and original ideas. He made mention of the singular phenomenon not usually observed, concerning the cessation of growth in the finger or toe nails in cases of fracture of bones of the arms or legs, which fact it would be well to remember. A case of irreducible strangulated crural hernia of right side, kelotomy, and recovery: Mrs. P—, resident of Effingham, Ill., aged 39 years, mother of five children; hernia of ten years' standing. Was suddenly taken sick in July, 1869, with all the symptoms of strangulated hernia. All ordinary remedies failing, Drs. St. Clair, Lecrone, and he (the operator) decided to operate as the only hope of saving life. The symptoms were fast becoming more aggravated, vomiting of stercoraceous matter, etc., etc. *7th instant*—Patient chloro-

formed; tumor size of 1 rge hen's egg, much inflamed and very painful to the touch. The operation was conducted after the usual manner. Very little blood was lost; hernia reduced. Wound closed with silk thread. Ice applied in after-dressing; opium internally. Suppuration of wound on third day; a simple dressing then of carbolized glycerine and simple cerate. The bowels were moved freely on the seventh by a dose of castor oil. Patient made an immediate recovery, and a radical cure was the result.

The next case was that of peri-uterine abscess; supposed cause, perimetritis. Operation and recovery.

Mrs. H—, aged 27 years, mother of two children. Patient, in act of lifting a tub, was seized with severe pain in back, followed by excessive uterine hemorrhage, with temporary loss of consciousness. She was four months gone in pregnancy, and miscarriage followed.

The pain in back and sacro-lumbar region continued with frequent stranguary, and tenesmus of bowels. The preceding physician in this case, (an irregular), had pronounced the cause of all her trouble a uterine polypus. When the patient desired its removal, he put her under the influence of chloroform and made traction on the neck of the womb; but, wearied out, he declared it would have to be removed by "escoratics." This course of treatment, fortunately, was never attempted.

Dr. Willien saw her first in February, 1869, after an illness of three years. Symptoms: face pale with expressions of anxiety, pulse weak and frequent; chilling; at night a cold and abundant perspiration; pain in abdomen and lower bowels; constipation.

On examination, a tumor size of large infant's head, extending above the pubis about three inches, was painful, fluctuating, and slightly movable. Per vaginal examination: cervix inclined to right, its posterior labia enlarged os partly dilated, and granulated, from which a sero-sanguinous fluid issued of a very offensive character. The uterus was lower in the vagina than normal; distinct fluctuation in cul-de-sac. Per rectum examination: tumor easily defined and fluctuation evident.

Question. Was it an intra-uterine disease, involving its nominal structure, a malignant growth, or a peri-uterine abscess?

Answer. The introduction of the sound showed a declination to the left. The neck was dilated by tent sponge, and uterus found exempt from disease or tumor. He then concluded it to be an accumulation of fluid between the peritoneal covering and tissues proper. Was it serous, blood, or pus? The history of the case led him to think it pus.

March 30.—Patient anæsthetized. A small trocar was plunged through the vaginal cul-de-sac, and a rush of white, inodorous pus confirmed his diagnosis. An injection of carbolic acid and rain water was then used, narcotic poultices were applied over the abdomen, and opium internally, to relieve pain. Sulph. quinia and other tonics were freely administered. On fourth day, tumor began to enlarge again, although the discharge continued per vaginum. On examination per rectum, the pressure ruptured the membranes, and a discharge of pus followed the finger. She now began to improve, with a good appetite, and, after a few months, is again about her ordinary domestic work.

Third case was that of fracture of the lower jaw in two places, by kick of horse; one spicula of bone protruding through into the mouth. The interesting part about this case was the application of a new splint, (invented by himself), of vulcanized rubber, made to fit the jaw inside and externally. After six weeks the splints were removed with entire satisfaction.

Dr. Willien, at the close of his report, presented the Society with two new splints for the fore-arm and the leg. These, for their simplicity and cheapness, as well as their real merits, were generally approved. Any physician living near a tinner could have them readily made. A trough-like arrangement, with an expansion for the hand and a perforated septum for the arm or leg to rest on, through which all the superabundant water and effete materials could pass, thence off at one end. A complete dressing could be effected without any disturbance of the limb.

After the reading of this paper, it was discussed by Drs. Swafford, Massie, Chambers, and others.

Dr. Swafford thought the excessive use of cold water by a large part of the profession, and as recommended by some Medical Authors, not a very commendable treatment, many times producing bad results.

Dr. Massie's report on Midwifery was next in order. This document consisted of the Doctor's own views, and how he would conduct labor. It gave evidence of much experience and thought, and was practical and original, written for the benefit of the young men in the profession, and abounded in ideas not to be found in the books. The part referring to ergot elicited debate from some few members, advocates *pro* and *con*, as heretofore.

The report was well received, and requested to be published.

The semi-annual address was delivered by Dr. Swafford, of New Goshen, Ind., and was listened to attentively. It covered much of the history of the profession, from 450 years B. C., down to the merest charlatan or Indian Doctor of the present, showing, with reason, why impostors did and the regular profession did not advertise.

SECOND DAY.—MAY 26.

Society met according to adjournment, at 8 o'clock A.M.

Dr. Chambers, of Charleston, Ill., reported a case:

Mr. C., farmer, age 40 years, June 1st, 1869, was driving into his barn on a load of door-frames; was caught between the load and roof; was carried from his barn to his house, (a short distance). Found on examination, that the last dorsal vertebra was dislocated, one of the ribs on left side fractured, and lower extremities paralyzed. Patient was chloroformed, and extension made, and the luxation reduced. One or two of the processes of the vertebra above were thought to be fractured. A compress with bands about the waist secured the vertebra in place. Morphine was given to relieve the pain. In a few days bromide potass. was commenced and continued in large doses. Urine had to be drawn by catheter. In six weeks strychnia was given, but, not agreeing with the patient, nux vomica was

substituted. This remedy seemed to fail, and an electric battery was used for some months.

May 21, 1870. Saw Mr. C. to-day; was sitting up in a rocking-chair, in which position he had been some four hours. He weighed, when he received his injury, 160 pounds, was reduced in November last to 100 pounds; now weighs 125 pounds. He presents a healthy appearance, appetite sufficient, tongue clean, skin soft and warm to his toes; can now make partial flexion and extension of the left leg, and slight motion with the right. Sensibility to the knee almost perfect; legs are proportionately smaller than his body; is nearly always admonished when it is necessary to urinate, yet cannot restrain it from passing; bowels rather torpid, thinks he can tell when he is going to have a passage, yet, not always; has had, during the past winter, partial erections of the penis; pulse, in sitting posture 80, recumbent 78.

The case, at this date, is about *statu quo*. It is interesting, from the fact of its being the third on record.

The doctor promised to keep watch over the case, and report to the Society in the fall, as to its progress or condition. He then reported a case of gastrodynia, as cured by sub. nit. bismuth.

A card was then read before the Society, issued by one of its former members:

"Confidential Instructions given to the Married. Dr. Davis has the only reliable and harmless preventive (thereby interdicting the crime of abortion). He also treats successfully, all forms of private diseases, Gonorrhœa, Syphilis, Leucorrhœa, Painful Menstruation, Stricture, Impotence, Seminal Weakness, etc. Call at the —, Room No. —, or address Box 451, Des Moines, Iowa, with 2 three-cent stamps for reply." (Written on card), "\$25.00."

He was expelled by a unanimous vote of the Society.

The following gentlemen were assigned as essayists at the Fall meeting:

Dr. A. J. Miller, Paris, Ill., on Baths.

Dr. J. B. Hedges, Clinton, Ind., Obscure Malarial Diseases.

Dr. J. F. Price, Charleston, Ill., Improvements in Therapeutic Agents.

Dr. B. F. Swafford, New Goshen, Ind., Wounds of the Knee-Joint.

Dr. H. H. Deming, Mattoon, Ill., Substitutes for Quinine.

Dr. H. F. Harper, Marion, Ind., Best manner of Building, with a view to Ventillation.

Dr. I. H. Apperson, Filmore, Ill., The Sources of the Gastric Juice.

Dr. J. R. Hinkle, Sullivan, Ind., Spinal Irritation.

The President then appointed the following gentlemen Chairmen of standing committees:

Dr. G. W. Albin, Neoga, Ill., Surgery.

Dr. L. L. Todd, Paris, Ill., Practical Medicine.

Dr. Chas. S. Johnson, New Goshen, Ind., Epidemics.

Dr. E. B. Cannon, Tuscola, Ill., Midwifery.

Dr. R. L. Walstous, Paris, Ill., Indigenous Botany.

Committee of Arrangements for next meeting — Drs. Apperson, Cannon, and Brinton.

Tuscola, Ill., was determined upon as the place for the Fall meeting.

Dr. J. M. Hinkle, of Mattoon, brought up the question of paralysis, in connection with the building of the piers in the Mississippi river, at St. Louis. The workmen having to work in a compressed atmosphere, (under a pressure of about three atmospheres,) were, after a time, (some in a few hours, others after a day or a week) paralyzed. This led him to conclude there was yet a frequent cause for this disease, not fully recognized by the profession. He thought if the external pressure exerted by the atmosphere was a cause of paralysis, as it seemed to be clearly in the above cases, then probably it acted conjointly with other common or recognized causes in every-day life, and his remedy would be to send such cases to more elevated localities, mountainous countries.

The time was so far gone that the debate on this question was cut short, and the Society adjourned to meet the fourth Wednesday in October, 1870.

DR. M. W. WILCOX, *President.*

WM. E. HENRY, *Secretary.*

WISCONSIN STATE MEDICAL SOCIETY.

The Medical Society of the State of Wisconsin held its regular annual session in Milwaukee, on the 15th, 16th, and 17th days of June, its President, Dr. S. Marks, of Milwaukee, presiding.

After an opening prayer, by the Rev. G. M. Stone, the Society was addressed by Dr. J. K. Bartlett, Chairman of the Committee of Arrangements, who welcomed it to this city, in which it has not before held a session for twenty years.

Pending the report of the Board of Censors, in reference to admission of new members, a discussion was opened by Dr. Carley, who reported a case of what he thought to be apoplexy, following delivery, in which bleeding and purgatives were heroically administered, and recovery rapid.

Dr. Van Norstrand inquired if paralysis followed in the case, and receiving a negative reply, said that, in his opinion, the case was one of puerperal convulsions, as did also Drs. Meacher, Meachum, and Brewster, who participated in the discussion, sustaining the treatment of Dr. Carley, though differing from him in the diagnosis.

The Censors made report recommending for membership the names of a number of physicians examined by them, and upon this and subsequent reports of this Board, there were received into the Society forty-nine new members.

Reports of Committees being called for, Dr. Mason, from the Committee on Surgery, read an interesting essay on the uses of Carbolic Acid.

Dr. Meacher, from the same Committee, read an essay on Colles's Fracture, advocating the use of an inter-osseous compress.

Dr. C. Linde presented an essay, being "An Historical Outline of Traumatic Surgery."

Dr. Davis read the history of a case of lithotomy in a child of 5 years, resulting in the death of the child in 40 hours, from peritonitis.

Dr. Armstrong read the history of a case of breech presenta-

tion at full time, in which the head of the child had actually been torn from the body by the attendants, the woman having previously had several living children. Two *doctors* had been in attendance, but had made no effort to deliver the woman with instruments, and had finally abandoned the case. The head alone was left in the pelvic cavity when the Doctor arrived, and by him was delivered with forceps and craniotomy. The woman died in 24 hours, apparently "from shock of the system alone."

Dr. Barrett read a paper detailing a case of obstetrics, in which a woman was delivered of an eight-month's still-born child, and in a few hours of another foetus of the size of two and a-half or three months. The woman had met with a fall in the early period of pregnancy, to which the Doctor attributed the death of the smaller foetus.

Dr. Mason reported a case, in which, after a natural labor, he was in a few hours recalled to the case, and found that a five-month's foetus, with placenta attached, had been expelled, but "in a mummified condition."

Dr. Coon reported a case in which a living and healthy child was born, three months after the mother had been delivered of another child also healthy and living.

Dr. Palmer mentioned a case in which a seven-month's foetus was found to be entirely destitute of any trace of osseous matter.

Brief histories of other anomalous cases were given by Drs. Carley, Davis, and others.

Dr. Ferris presented and read two papers, the first being the History of a Case of Enlarged Prostrate; and the second being an Essay on Trismus Nascentium, in which disease, the Doctor thinks "the proper pathological condition is undue pressure upon the medulla oblongata and the nerves originating from it, produced by displacement of the cranial bones, especially the occipital."

The proceedings of the Society, thus synoptically presented, occupied its attention during the sessions of Wednesday evening and Thursday morning, and in the afternoon of that day

the Society, with invited guests, were, by the liberal provisions of the Committee of Arrangements, entertained with an excursion on Lake Michigan.

Upon assembling again in the evening, the Annual Address of the President was delivered, it being a review of the position occupied by the profession at the present time, as compared with its position in past ages, and urging, in view of our superior advantages, correspondingly higher attainments—claiming for Medical Societies an exalted position in this work, and for our own Society, urging it to be “not only our duty to see that applicants for admission have the required qualifications at the time of admission, but that they continue to keep pace with the advancement of the profession,” and that “if we would triumph over quackery we should elevate ourselves so much above the mere pretender in medicine, that the most casual observer cannot fail to mark well the distinction between us.”

Dr. Witter introduced a resolution looking to the establishment of a Medical Department of the State University, which, after discussion, was laid on the table.

Dr. Cody, from the Committee on New Remedies, read an essay on the Hydrate of Chloral, praising it as a sedative and hypnotic, and as a safe and valuable medicine in all cases where an anodyne is required—ranks it next to opium, and as, in many cases, preferable to that drug—has found it “especially beneficial in a large class of nervous and delicate females, afflicted with the class of diseases known as neuroses—has given from five to fifteen grains as an anodyne, and from thirty to sixty grains as a hypnotic—has not in any case seen unpleasant effects from its use. The paper elicited considerable discussion, exhibiting a variety of experience with the drug, mainly corroborative of that of Dr. Cody.

Dr. Palmer, having taken the medicine, found it to relieve pain and produce sleep, but the sleep was of a disturbed character, and was followed by great languor and by irritability of the stomach; had obtained no satisfactory results from its use.

Dr. Page's experience was similar to that of Dr. Palmer.

Dr. Cody also read a paper prepared by Dr. Cory, giving the history of a case of pleuro-pneumonia, in which there had been expectorated a perfect fibrinous cast of a bronchial tube (which was presented with the paper), following which recovery was rapid.

Dr. Cory presented another paper, giving the history of a case of insanity, treated with bromide of potassium with good results.

Dr. Waterhouse presented a paper on the "Management of Disease," the special point of which was the position of patients with reference to the law of gravitation—"an appeal for better management and less drugs."

Dr. Barrett gave the history of a case of hydrocele successfully treated by injection of chloroform and compound tincture of iodine.

Dr. Stoddard presented an essay on the "Pathology of Pulmonary Consumption," following Lebert "in denying the existence of specific tuberculosis," maintaining that "tubercles may be produced by ordinary irritants under certain conditions, and these conditions being understood will give us a fair field to combat their morbid tendencies."

Dr. Treat, Chairman of a Committee appointed at a previous meeting, to secure the passage of a law legalizing dissections, reported that the Committee had secured the passage of such a law, which may be found among the General Laws of the State, entitled "An Act to Legalize Dissection, Approved February 9th, 1868."

A communication was received from Dr. D. C. Davies, regretting his inability to attend, and suggesting the appointment of a Committee on Gynæcology, to report at the next meeting, which suggestion was adopted, and Dr. Davis was appointed on such Committee.

Society adjourned until Friday morning, when the first business in order was the election of officers for the ensuing year; the election resulted as follows:—

President—DR. H. P. STRONG, of Beloit.

1st Vice-President—DR. DARIUS MASON, of Prairie du Chien.

2nd Vice-President—DR. A. H. VAN NORSTRAND, of Madison.

Secretary—DR. J. T. REEVE, of Appleton.

Corresponding Secretary—DR. R. D. MCARTHUR, of Milwaukee.

Treasurer—DR. J. T. REEVE, of Appleton.

Drs. J. K. Bartlett, H. Van Duzen, and L. J. Barrows were re-elected censors.

Dr. Van Duzen reported an extremely interesting case, in which, on making a *post mortem* examination, there was found no trace whatever of the left lung, its cavity being occupied by a number of small, irregularly-shaped pieces of bone, which were exhibited. The other lung was healthy, and there was no trace of disease elsewhere.

Dr. Dalton, who also knew of the case, stated that the man had been a sailor, and that many years before his death, he had sustained a fall, injuring that side.

Dr. Bartlett presented an essay on "Intra-Uterine Medication," which, in consideration of the lateness of the hour, was referred to the Committee on Publication, as was also a paper by Dr. Armstrong on the "Constitutionality of Disease," and one by Dr. Brewster on "Criminal Abortion."

Dr. Bartlett offered a resolution, which was adopted, empowering the Board of Censors to meet three days prior to the meeting of the Society, for the examination of applicants for membership.

Resolutions of thanks to the Officers of the Society, to the Committee of Arrangements, to the physicians and citizens of Milwaukee, and to the press, were then adopted.

Dr. Manley presented the history of a case of opium eating, in which persistence in the use of the drug had not produced a necessity for an increase of its dose, and in which a cure was effected by the use of quinine, and gradually diminishing doses of tr. opii.

Dr. Johnson read an essay on Torpid Bowels, condemning the common use of purgatives, and particularly commending the use of Graham bread.

The following named gentlemen were elected as delegates to the next meeting of the National Medical Association:

Drs. Waterhouse, Marks, H. Van Duzen, Wight, J. K. Bartlett, Reynolds, Strong, Reeve, D. C. Davies, Whiting, Wolcott, Treat, J. Johnson, Van Norstrand, Mason, Russell, Favelli, Burroughs, Fuller, and Dickson.

The Standing Committees for the ensuing year were announced as follows:

Arrangements—Drs. Marks, Johnson, and Fuller.

Surgery—Drs. Marks, Mason, and Dalton.

Practice—Drs. Whiting, Page, and Manley.

Obstetrics—Drs. J. K. Bartlett, Ferris, and Armstrong.

Pathology—Drs. Van Norstrand, Thorndike, and Stoddard.

New Remedies—Drs. Faville, Russell, and Waterhouse.

Medical Education—Drs. Wight and Whiting.

Diseases of Eye—Dr. E. W. Bartlett.

On motion, the Secretary was directed to furnish a synopsis of the proceedings of this Convention for publication in the *Medical and Surgical Reporter*, Philadelphia, and in the *Chicago Medical Examiner*.

Society adjourned to meet in Milwaukee on the third Wednesday of June, A.D. 1871.

J. T. R.

Abridgments from Our Exchanges.

COMPOUND DISLOCATION OF THE ANKLE AND OTHER INJURIES: ILLUSTRATING THE ANTISEPTIC SYSTEM OF TREATMENT.

By Joseph Lister, F.R.S.

This is a paper of considerable length, contributed to the July number of the *Lancet*; it is not merely a discussion of a single case, but contains likewise the opinions of the author on certain questions pertaining to inflammation, and hence we abridge the article for our columns.

A laborer, 33 years of age, was severely injured at 6 A.M., by a railway train. When he was seen at 8.30 A.M., he was suffering considerably from shock, and, on examination, it was found that his left foot was much displaced inwards, the end of the fibula protruding through a vertical wound in the integument, two or three

inches in length, the end of the protruding part being comminuted. The tip of the malleolus had been broken off, and remained attached to the external lateral ligament. The internal malleolus was of course fractured, as a necessary condition of such a displacement of the foot.

Such an injury is a most formidable one; formerly, recoveries from it were exceptional, and surgeons came to regard amputation as the best treatment for it, in most cases.

For the purpose of facilitating the return of the protruded end of the bone, a portion of it was nipped off with cutting pliers, and, with the same object, the lower end of the rent in the skin was slightly enlarged. But, to all intents and purposes, the dislocation was simply reduced.

Watery solution of carbolic acid, as strong as it could be made (1 to 20), was thrown into the joint with a syringe, the edges of the skin being held together to prevent its escape and cause it to penetrate to all parts of the wound; this was further promoted by manipulation of the parts, while the fluid was still in the interior. There was a time when it would have been thought dangerous to introduce so irritating a liquid into the ankle-joint; but the transient irritation of the antiseptic is nothing compared with the far more acrid products of putrefaction. A lotion of half the strength (1 to 40) is sufficient to destroy the putrefaction of organisms in a wound just made, and made by the surgeon himself. But with an injury received sometime before the patient is seen, and in a rude way, where foreign materials with clots of blood may be lying in parts of the wound, it is proper to use as strong a solution as water will produce.

The liquid introduced having been squeezed out, a second injection was made for greater security; the skin in the vicinity was washed with the solution to destroy organisms adhering to it or to the hairs, and an external dressing was applied. Lac plaster, containing carbolic acid, was wrapped in two layers around the limb, extending well up the leg, and embracing the heel and instep, the foot being held in good position. A cloth to absorb the serum, which would be discharged from beneath the margins of the plaster, was then bandaged on, and a splint applied to the inner aspect of the limb.

On examining the head there were found four scalp wounds, varying from two to five inches in length, three of them exposing the bone. The region was shaved and thoroughly washed with the strong antiseptic lotion; the wounds were treated exactly like that of the ankle, except that their edges were approximated by antiseptic sutures. These were made by steeping silk for a time in a mixture of melted bee's-wax and a tenth part of carbolic acid, and being drawn through a dry cloth when removed.

The patient also had a compound fracture of the right olecranon. This was treated in the same manner as the wound of the ankle.

The dressings were changed entirely on the day after the accident. In doing this great care is requisite. The antiseptic first injected having been absorbed, the extravasated blood and dead tissue are as susceptible of putrefaction as though no such treatment had been pursued; if a single drop of serum is pressed out and then regurgitates into the interior, after being exposed even for a second to the septic influence of the air, putrefaction would be pretty certain to occur.

To guard against this risk, for the first few days, a syringe should be used, the nozzle of which is inserted beneath the margin of the lac plaster, and, as this is raised, a stream of a weak solution of carbolic acid is thrown upon the wound, until a cloth wet with the same solution can be placed over it.

After the first day, before applying the lac plaster, the wound was covered with a material to protect it from the irritating and stimulating influence of the carbolic acid in the antiseptic stratum. After the first dressing, the object which I aim at is to have the material in contact with the exposed tissue approximate as closely as possible to the bland and neutral character of the living textures. The injured tissues do not need to be *stimulated*, they need to be let alone; nature will then take care of them.

Now, of all injurious external agencies the worst is putrefaction; this we endeavor to preclude. But a substance that will destroy the life of putrefactive organisms, cannot fail to be abnormally stimulating to the exposed tissues; these must be protected from its action.

Our "protective," then, should be a material, unstimulating in itself, and impervious to carbolic acid; it must be insoluble in the discharges, and so supple that it will apply itself readily to the part. The best is made of cotton cloth, coated on one side with caoutchouc, gilded on the caoutchouc side, and then covered with a film of india-rubber applied in solution.

A very good protective is made of oiled silk, which should be brushed over with a mixture of one part dextrine, two of powdered starch, and sixteen parts of cold, watery solution of carbolic acid (1 to 20). This coating enables its surface, unlike the simple oiled silk, to become uniformly moistened, this being necessary to be done—with an antiseptic solution—when it is applied.

On the day after the accident, the cloths, plaster, and splint were found soaked with bloody discharge. On the second day, when the dressings were again changed, the cloths presented only a stain, corresponding with a few drachms of tinged serum, and the original coagulum was on a level with the surrounding skin. The dressings were then allowed to remain two days; at this time the discharge had caused only a serous stain of a few drops. This state of things resulted not merely from the antiseptic treatment, but it showed that the protective answered well its purpose. Had the antiseptic been acting directly on the wound the discharge

would have been much greater, and we should have had a hollow sore, with commencing suppuration.

From the remarks of some, it would be imagined that "I regard putrefaction as the sole cause of suppuration; whereas, my treatment of abscess depends upon the fact that pus, in the unopened cavity, being the result of inflammatory stimulus, without atmospheric influence, is free from putrefaction; so it is needless to apply the antiseptic to the interior, all that is requisite being to provide exit for the discharge, while guarding against the entrance of putrefactive fermentation."

Carbolic acid freely applied to a wound, instead of preventing suppuration, will itself, being a stimulating substance, induce suppuration, by long continued action on the tissues.

Facts observed in the antiseptic system of treatment have thrown great light on the causes of suppuration; it may be well to state here the "conclusions to which I have been led."

The tissues of the living body are liable to a temporary impairment or suspension of vital energy as the result of extreme irritation; this condition is the essence of *intense* inflammation, and may be induced in two ways, *viz.*: either by the direct operation of a noxious agent on the tissues, or indirectly through the medium of the nervous system. The same law appears to hold with regard to the causes of the exaggerated but feeble cell-development resulting from the continued action of some abnormal stimulus in a less intense form, giving rise to the various phenomena of inflammatory hypertrophy, granulation, and suppuration; the pus cells being the extreme of excess of quantity, and impairment of quality in the products of abnormally excited nutrition. Thus there are two groups of causes of suppuration: first, those that operate through the nervous system, or the inflammatory class, of which abscess is a typical example; and, secondly, noxious agents or stimuli acting directly on tissues. The latter group are stimulating salts or chemical stimuli. These are best studied in the behavior of a healing ulcer under different kinds of treatment. Small granulating sores sometimes heal by scabbing; when the surface is thus protected by a crust from external influences, there is no further effusion of pus or serum. This proves that granulations have no inherent tendency to form pus, but only do it when stimulated. Two granulating surfaces placed in contact with each other will coalesce; this would be impossible if they continued to suppurate; and their juxtaposition could oppose no obstacle to the pus formation, if they had any innate disposition to it. But their contact excludes the operation of external agents upon them, they cease to discharge, and unite. The wall of an abscess is similar in nature to the granulations of a sore, and is often regarded as essentially "pyogenic," but if the abscess be opened antiseptically, the pyogenic membrane, relieved from the inflammatory stimulus which the tension of the pus induced, and being protected from the access of the stimulus of

putrefaction, is left free from all disturbance, and never forms another drop of pus.

So far from granulations having any inherent tendency to form pus corpuscles, they are ever disposed to develop into higher forms as soon as left free from preternatural excitement. In the healing ulcer, the granulations covered by the newly-formed pellicle of epidermis at the edge of the sore, are as truly granulations as when exposed, but they are no sooner protected from external stimulus than they proceed to develop into the more and more perfect fibrous tissue of the cicatrix.

When carbolic acid or chloride of zinc is applied, properly diluted, to a healthy granulating sore, no redness of the surrounding skin, or other inflammatory disturbance is produced; yet the granulations exposed to the liquid are excited to superficial suppuration, while those protected from it by the pellicle of epidermis form no pus. Here, then, we have absence of inflammatory stimulus, but the chemical stimulus urges the granulation to develop pus.

If the sore is treated with water dressings, the serum first exuded putrefies in the lint, and the products being acrid salts stimulate the granulations to the formation of pus. Thus, in their effect on a granulating sore, an antiseptic and a putrid dressing are alike; both excite suppuration by stimulating the granulations.

But, in their operation on a recent wound, there is this difference between them, that the antiseptic stimulates only the surface to which it is applied, and the discharge which it induces dilutes it and renders it less stimulating; but putrefaction being a fermentation, the ferment spreads to all the recesses of the wound, wherever blood, serum, or dead matter afford nidus and pabulum for its development.

Antiseptics, then, though they produce suppuration when applied to a recent wound, are superficial in their action and trivial, compared with the effect of putrefaction.

Speaking of the condition of *time* in suppuration, he says that it is only when tissue has been gradually degraded by abnormal stimulation to a state of granulation that pus is formed. To accomplish this in a recent wound in healthy tissue requires three or four days when subjected to the action of putrefying material.

The same holds with regard to the inflammatory stimulus; it does not induce suppuration in a day, but requires time.

The case under consideration progressed rapidly and favorably, all the wounds healing with the formation of hardly a particle of pus. The oiled silk protective having been used in two, and sometimes three layers, the results approached closely those which are theoretically attainable. Some of the smaller portions of the slough were entirely removed by absorption, and their place filled by vascular new tissue. Five weeks after the accident, the process of organization and vascularization [in the ankle] had made great progress, and the large mass of dead tissue, though superficially sit-

uated, being protected from the disturbing influences of external agency, was undergoing the same kind of change as is experienced by parts deprived of vitality in the sub cutaneous injury of simple fracture. At this period, the original clot was still to be seen on a level with the surrounding skin, but diminished by contraction and cicatrization. An open sore healing by cicatrization, without either suppuration or granulation, is something new in the history of surgery, though just what we might expect from our knowledge of healing by scabbing.

Book Notices.

The Physiology of Man; Designed to represent the existing state of Physiological Science, as applied to the functions of the Human Body, By Austin Flint, Jr., M.D., Professor of Physiology and Microscopy, in the Bellevue Hospital Medical College, New York; Fellow of the New York Academy of Medicine; Microscopist to Bellevue Hospital. New York: D. Appleton & Co., 90, 92, and 94 Grand Street. 1870. Price, \$4.50.

This is the third volume of Dr. Flint's valuable work on the Physiology of Man; and, like the two preceding volumes, it is published on excellent type and paper. It contains about 530 pages, and embraces the consideration of the functions of Secretion; Excretion; Ductless Glands; Nutrition; Animal Heat; Movements; Voice and Speech.

This volume, like the preceding ones, is complete in itself, although constituting part of a general work on Physiology. The author has taken great care to present a full review of what is known concerning every subject embraced in his work. It is, consequently, a very valuable work, both for the student and practitioner.

The Journal of the Gynæcological Society of Boston. A Monthly Journal, devoted to the advancement of the knowledge of the Diseases of Women. Edited by Winslow Lewis, M.D., Horatio R. Storer, M.D., and Geo. H. Bixby, M.D., and published by James Campbell, 18 Tremont St., Boston. Pp. 387. Price, \$2.50.

We have received from the publisher, the two first volumes of this Journal, elegantly bound, and lettered.

While we differ widely from the editors of the Gynæcological Journal, in regard to some questions of propriety, we give them credit for commendable efficiency in the conduct of their Journal, and freely commend it to our readers as containing a large amount of valuable matter in relation to the diseases peculiar to females. The two nicely bound volumes before us can be had of the publisher for \$2.50 each.

Naval Hygiene. By Joseph Wilson, Surgeon United States Navy; with an appendix: Moving wounded men on Ship-board, by Albert C. Gorgas, Surgeon United States Navy. Reported to the Bureau of Medicine and Surgery. Published by order of the Navy Department. Washington, D.C. 1870.

We have received a neatly printed volume with the above title, from the Naval Medical Bureau, at Washington. It is an interesting work, and of special value to all who have anything to do with the shipping or naval interests.

Shaw's Medical and Surgical Case Book. E. P. Stevens & Co., Publishers, Chicago. 1870.

This is a substantially bound blank book, conveniently ruled and headed, for recording cases, either medical or surgical. There is also a department for inserting photographic plates, representing diseased conditions. It is one of the most convenient books for the simple purpose of keeping a record of cases that we have seen.

The Bromides: Their Physiological Effects and Therapeutic Uses. By Z. McElroy, M.D., Zanesville, Ohio.

This is a pamphlet of 26 pages, reprinted from the *New York Medical Journal*, of July, 1870. The author, during the past few years, has written many essays, or rather articles for different medical periodicals, all designed to sustain certain theories regarding what has been termed a *physical basis of life*. Following out the general train of thought prominently enunciated

by Mr. Huxley, Dr. McElroy endeavors to trace all the phenomena of living beings in health and disease, to two processes, namely, nutrition or construction, and disintegration or waste. From the physical changes in matter involved in these processes, result all the forces and phenomena of life, mental and physical; and, furthermore, these changes are themselves the result of the operation of the same forces and laws that control inorganic matter. Like Mr. Huxley, he endeavors to discard the existence of any special *vital force* or property, and yet he only substitutes another term "*form force*," and gives to it very nearly the same attributes. Assuming that all the phenomena of living beings arise from the two processes, *nutrition* and *disintegration*, Dr. McElroy naturally infers that all remedial agents produce their effects by either promoting or retarding these processes.

The specific action of the Bromides, he regards as hastening the process of disintegration, and, consequently, applicable to the treatment of such cases only, as are accompanied by the retention of surplus material in one or more of the tissues of the body. He denies that they possess any direct hypnotic effect or power. We do not think the views of Dr. McElroy are sustained either by experiments or correct clinical observation. But we have neither time nor space to pursue the subject further at present.

Editorial.

EXPLANATION.—The article in this number of the *Examiner*, on Vaccinal Syphilis, by W. B. Davis, M.D., of Cincinnati, appears to have been furnished to several periodicals simultaneously. We would have placed it under the head of *selected* articles, had we known what journal it should be credited to.

THE WOMAN'S HOSPITAL MEDICAL COLLEGE, OF CHICAGO.—An institution, with this title, has been organized in this city, for the special purpose of educating *females* for the practice of medicine.

It has a full faculty, composed of members of the profession, in good standing; and, we have reason to believe, prepared to give full courses of instruction in all the departments of medical science.

It is connected with the Woman's Hospital, 402 State Street, which has been in operation several years. The regular lecture term will commence on the first Tuesday in October next. We do not advise women to study or practice medicine as a profession; but, to such as are determined to do so, without our advice, we say, they will find the Woman's Hospital Medical College, of Chicago, worthy of their patronage.

For further information, see advertisement; or, apply to Prof. T. D. Fitch, Secretary of the Faculty.

CHICAGO MEDICAL COLLEGE, MEDICAL DEPARTMENT OF NORTHWESTERN UNIVERSITY.—The new building, for this institution, is now complete. It is, in all respects, one of the best medical college buildings in the country, and its completion, in immediate connection with the Mercy Hospital, and the Davis Free Dispensary, gives to the Faculty all the means and facilities for as comprehensive a system of medical education as can be devised. The College, Hospital, and Dispensary are all in the same block; all new, and arranged with special reference to the highest comfort and convenience of the sick; together with the most perfect facilities for Clinical instruction; and all free from municipal, political, or any other outside influence or control. Every practical department, including Practical Medicine, Surgery, Obstetrics and Gynecology, Ophthalmology, etc., is provided with the facilities for Clinical instruction, in direct connection with the didactic courses in the College. The new building also contains an extensive museum and laboratory for instruction in Analytical and Practical Chemistry.

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I wish to dispose of my house and two lots in the village of Two Rivers, with a good village and country practice. Said lots are conveniently and pleasantly located, and have a good house, barn, and other improvements. For particulars and reasons for wishing to sell, address C. C. CROCKER, M.D., Two Rivers, Manitowoc County, Wis.

MORTALITY FOR THE MONTH OF JULY, 1870.

Accident, burned in building -----	1	Cyanosis -----	2	Malformation, general	1
" burned by petroleum -----	1	Cynanche tonsillaris -----	1	Mouth-canker sore -----	1
" crushed -----	1	Cystitis chronic -----	1	Measles -----	3
" explosion of gas generator -----	1	" -----	1	" & complications -----	1
" narcotics, over-dose of -----	1	Development deficient -----	1	Meningitis -----	11
" by team -----	1	Debility, general -----	8	" cerebro-spinal -----	2
" drowned -----	15	Delirium Tremens -----	2	" tubercular -----	4
" by fall -----	2	Diarrhoea -----	85	Old age -----	12
" railroad -----	3	" chronic -----	6	" and dropsy -----	1
" scalded -----	1	" & complications -----	7	Paralysis -----	4
Abortion -----	1	Diphtheria -----	9	" & inflammation of glands of the neck -----	1
Anus imperforate -----	1	Dropsy & apoplexy -----	1	Peritonitis -----	4
Anasarca -----	1	Dysentery -----	24	Paraplegia -----	1
Apthæ -----	1	" acute -----	2	Pleurisy -----	2
Apoplexy -----	12	Dyspepsia -----	1	Pneumonia -----	5
Asthma -----	1	Enterocolitis -----	10	" & complications -----	1
Atelectasis pulmonum -----	1	" hepatitis -----	1	" typhoid -----	2
Aneurism of Aorta rupture of -----	1	Enteritis -----	24	Pyæmia -----	1
Births, premature -----	21	Erysipelas -----	4	Quinsy -----	1
Births still -----	55	Exhaustion from amputation of leg -----	1	Rheumatism -----	1
Bowels, congestion -----	1	Fever, congestive -----	3	" inflammatory -----	1
Brain, congestion -----	16	" intermittent -----	1	Scrofula -----	3
" covering, inflammation of -----	1	" puerperal -----	9	Small Pox -----	2
" disease of -----	1	" remittent -----	1	Spinal Cord, softening -----	1
" inflammation -----	17	" scarlet -----	19	Stomach, ulceration -----	1
" effusion on -----	2	" complications -----	1	Stomatitis -----	2
" paralysis of -----	1	" malignant -----	14	" gangrenous -----	1
" softening -----	1	" typhoid -----	3	Sunstroke -----	21
Bronchitis -----	1	Gastritis -----	1	" & complications -----	5
" chronic -----	1	" chronic -----	2	Suicide by hanging -----	1
" capillary -----	2	Gastro-Enteritis -----	1	" " poison -----	1
Cancer of Breast -----	1	Hæmatemesis -----	1	Syphilis, hereditary -----	1
" abdomen -----	1	Hemorrhage umbilical -----	1	" tertiary -----	1
" kidneys -----	1	Heart, congestion -----	4	" -----	1
" parotid glands -----	1	" disease -----	1	Tabes mesenterica -----	40
" stomach -----	7	" organic disease -----	1	Teething -----	15
" uterus -----	1	" fatty degenerat'n -----	4	" & complications -----	14
Childbirth -----	1	" valvular disease -----	1	Tetanus -----	1
Chest malformation -----	1	Hemiplegia -----	14	" traumaticus -----	2
Cholera Infantum -----	354	Hydrocephalus -----	7	Tumor encephaloid, hemorrhage of -----	1
" morbus -----	10	" acute -----	1	Urine suppression of -----	1
Consumption -----	41	Intussusception -----	16	Varioloid -----	2
Convulsions -----	99	Inanition -----	2	Uterus, hemorrhage of -----	1
" puerperal -----	1	Intemperance -----	1	Vitality deficient -----	2
Croup -----	5	" and apoplexy -----	1	Whooping-cough -----	9
" diphtheretic -----	1	Jaundice -----	1	" & complications -----	4
" membranous -----	2	Kidneys, Bright's disease -----	3	Total -----	1118
		Liver, cirrhosis -----	1		
		" inflammation -----	1		
		Lungs, congestion -----	3		
		" emphysema -----	1		

COMPARISON.

Deaths in July, 1870, ---1118 | Deaths in July, 1869, ---815 | Increase, --- 303
Deaths in June, 1870, ----- 720 | Increase, ----- 398

AGES.

Under 1	578	10 to 20	23	70 to 80	14
1 to 2	186	20 to 30	50	80 to 90	5
2 to 3	35	30 to 40	73		3
3 to 4	20	40 to 50	45		
4 to 5	5	50 to 60	25	Total,	1118
5 to 10	28	60 to 70	28		
Males,	594	Females,	524	Total,	1118
Single,	931	Married	187	Total,	1118
White,	1112	Colored,	6	Total,	1118

NATIVITY.

Atlantic Ocean	3	England	16	Poland	2
Bohemia	8	France	3	Russia	2
Canada	9	Germany	103	Scotland	5
Chicago, Native	171	Holland	5	Sweden	11
Chicago, Foreign	594	Ireland	78	Unknown	7
U. S., other parts	75	Isle of Man	1		
Denmark	1	Norway	24	Total,	1118

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality.
1	6	20	31
2	31	Accidents	27
3	34	County Hospital	7
4	22	Convent Good Shepherd	1
5	24	Canal Boat Olive Branch	1
6	78	Home for Friendless	9
7	72	Hospital Alexian Brothers	2
8	99	Immigrants	2
9	103	Jewish Hospital	3
10	21	Lake Hospital	1
11	50	Mariner's Hospital	1
12	33	Mercy Hospital	3
13	18	Protestant Orphan Asylum	4
14	18	St. Luke's Hospital	1
15	118	St. Joseph Orphan Asylum	11
16	59	Soldiers' Home	1
17	90	Suicide	2
18	65		
19	37	Total,	1118

THE SICK.—There are in the United States 1,360,000 "constantly sick," or twenty-four to each physician.

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MEDICAL DEPARTMENT
OF THE
IOWA STATE UNIVERSITY,
IOWA CITY, IOWA.

SESSION OF 1870-71.

THE PRELIMINARY TERM for 1870-71 will commence on September 20, 1870, and continue to the opening of the Regular Session. THE REGULAR SESSION will commence on October 24, 1870, and continue until the following March.

MEDICAL FACULTY.

JAMES BLACK, D.D., President.

HON. JNO. F. DILLON, A.M., M.D., LL.D., (Davenport, *Circuit Judge Supreme Court United States*.) Medical Jurisprudence.

PROF. GUST. HENRICH, A.M., Iowa City, Chemistry.

PROF. W. F. PECK, M.D., Davenport, Dean of Faculty, Surgery.

PROF. P. J. FARNSWORTH, M.D., Clinton, Materia Medica.

PROF. J. M. BOUCHER, M.D., Iowa City, (Sec'y of the Faculty) Anatomy.

PROF. W. S. ROBERTSON, M.D., Muscatine, Theory and Prac. of Medicine.

Fees for the entire course, \$20.00; Matriculation Ticket, \$5.00; Demonstrator's Ticket, \$5.00; Graduation Fee, \$25.00.

For Annual Circular giving farther information, address,

J. H. BOUCHER, A.M., M.D.,

Secretary of the Medical Faculty, Iowa City, Iowa.

WOMAN'S HOSPITAL MEDICAL COLLEGE.

FACULTY.

W. H. BYFORD, M.D., Pres't of Faculty, 62 State St., Professor of Clinical Surgery of Women.

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